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2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa

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Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report prepared by the World Health Organization pursuant to Assembly resolution 65/273.

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Report of the World Health Organization entitled "Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015"

Summary

The present report highlights current progress towards meeting the goals concerning malaria control in the context of General Assembly resolution 65/273. It draws on the following recent progress reports: *World Malaria Report 2010* (2010) and Malaria Prevention and Control: Sustaining the Gains and Reducing Transmission (report to the World Health Assembly), produced by the World Health Organization (WHO), and *Saving Lives with Malaria Control: Counting Down to the Millennium Development Goals* (2010) and *Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa* (2011), produced by the Roll Back Malaria Partnership. Data from malaria-endemic countries and other Roll Back Malaria partners, including the Alliance for Malaria Prevention, are also used. The report concludes with recommendations for the consideration of the Assembly.

Over the past decade, malaria control efforts have attracted considerable political attention and financial support at the international, regional and country levels. At the African Summit to Roll Back Malaria, held in Abuja in 2000, African heads of State pledged to "halve the malaria mortality for Africa's people by 2010, through implementing strategies and actions for Roll Back Malaria". World leaders put forth the challenge "have halted by 2015 and begun to reverse the incidence of malaria" as a component of one of the eight Millennium Development Goals. In early 2008, the Secretary-General Ban Ki-moon appointed a Special Envoy for Malaria to mobilize global support for action on the disease. Following the call of the Secretary-General for universal coverage, and in response to a growing international push for a long-term commitment to malaria control, the Roll Back Malaria Partnership collectively developed the Global Malaria Action Plan. The objectives of the plan are to accelerate and sustain malaria control efforts, eliminating the disease where possible, and to ensure investment in research for new tools that would permit the eradication of the disease in the long term.

At its sixty-fifth session, the General Assembly passed a comprehensive resolution entitled "Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015". In May 2011, the World Health Assembly also passed a resolution on malaria calling on Member States, international partners and the Director-General of WHO to undertake a comprehensive set of actions in order to ensure the achievement of ambitious global targets by 2015.

In June 2011, following a consultative process, revised objectives, targets, and priorities of the Global Malaria Action Plan were released. The primary objective, achieving near zero deaths from malaria by 2015, will require an extraordinary intensification of current efforts. With continued support from the Roll Back Malaria Partnership; the United Nations, including its specialized agencies, such as WHO and the United Nations Children's Fund, as well as the Office of the Special Envoy of the Secretary-General for Malaria; bilateral development partners; and the African

Leaders Malaria Alliance (a group of 39 African heads of State working to end malaria-related deaths and who track progress through a quarterly scorecard); malaria control continues to be a high priority on the global development agenda in 2011, and the accelerated drive to achieve universal coverage with today's tools continues to produce impressive results.

In response to global advocacy efforts, international funding commitments for malaria control have increased from less than $0.2 billion in 2000 to $1.8 billion in 2010, owing largely to the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria and major commitments by the United States Government through the President's Malaria Initiative, the World Bank and other agencies. This increase in funding has resulted in a dramatic scale-up of malaria control interventions in many settings and has led to measurable reductions in the malaria burden. However, it appears that new commitments for malaria control have stagnated in 2009 and 2010, at $1.8 billion (approximately 30 per cent of the estimated need). Nevertheless, there have been recent new commitments from the Government of the United Kingdom of Great Britain and Northern Ireland, which has developed a malaria framework for results entitled "Breaking the cycle: saving lives and protecting the future", which was released in late 2010. The Government of the United Kingdom has pledged up to £500 million per year to fight malaria by 2014, an increase from its current annual funding level of £150 million.

Coverage with insecticide-treated mosquito nets continues to increase rapidly in many African countries; by mid-2010, household ownership of at least one insecticide-treated net was estimated to have risen to 42 per cent, as compared with 31 per cent in 2008. Furthermore, more children under 5 years of age used such a net in 2010 (35 per cent) than in previous years. Household ownership of insecticide-treated nets is estimated to have reached more than 50 per cent in 19 high-burden African countries in 2010, an increase from 13 countries in 2009. Despite such successes, the percentage of children using a net is below the World Health Assembly target of 80 per cent, primarily because of low ownership of nets in several large African countries and owing to a lack of sufficient nets for all household members. Resources for further scale-up are being made available; in less than three years, between 2008 and 2010, a cumulative total of 289 million insecticide-treated nets had been delivered to sub-Saharan Africa, enough to cover 76 per cent of the 765 million persons at risk.

The procurement of rapid diagnostic tests and artemisinin-based combination therapies for malaria continues to increase. The percentage of reported suspected cases receiving a parasitological test has increased globally from 67 per cent in 2005 to 73 per cent in 2009. By the end of 2009, 11 African countries were providing sufficient courses of artemisinin-based combination therapies to cover more than 100 per cent of malaria cases seen in the public sector; a further 8 African countries delivered sufficient courses to treat 50-100 per cent of cases. These figures show a substantial increase since 2005. However, evidence does indicate that many patients are still receiving artemisinin-based combination therapies without confirmatory diagnosis.

In high-burden African countries that have achieved high coverage of their populations with insecticide-treated nets and treatment programmes, recorded cases and deaths due to malaria have fallen by 50 per cent, suggesting that the targets for Millennium Development Goal 6, of reversing the incidence of malaria, can be

achieved if there is adequate coverage with key interventions. These results were seen in some island settings (Cape Verde and Zanzibar, United Republic of Tanzania), as well as in countries on the African mainland (including Eritrea, Rwanda and Zambia). In all countries, the decreases are associated with intense malaria control interventions. However, in 2009, there was evidence of an increase in malaria cases in subnational areas of three countries (Rwanda, Sao Tome and Principe, and Zambia) that had previously reported reductions, demonstrating the fragility of progress in malaria control and the need to rigorously maintain control programmes even when cases have been reduced substantially.

A recent analysis showed that from 2001 to 2010, the lives of almost three quarters of a million children across 34 malaria-endemic African countries (representing 98 per cent of the at-risk population in Africa) had been saved through vector control (insecticide-treated nets and indoor residual spraying) and intermittent preventive treatment in pregnancy. The vast majority of those lives (85 per cent) were saved from 2006 onwards, when significant funding became available. The results of that analysis suggest that if current scale-up efforts continue until 2015, the lives of an additional 1.14 million African children would be saved between 2011 and 2015. Overall, in 2010, more than one third of the 106 malarious countries documented reductions in confirmed malaria cases of more than 50 per cent compared with 2000 (11 African countries and 32 outside of Africa). Ten countries are implementing nationwide malaria elimination programmes, and eight countries are in the pre-elimination phase. Another nine countries have interrupted transmission and are at the stage of preventing the reintroduction of malaria. In 2010, Morocco and Turkmenistan were certified by WHO as free of malaria.

Resistance of parasites to antimalarial medicines and of mosquitoes to insecticides remains a major threat to achieving global malaria control. The first evidence of resistance of *Plasmodium falciparum* malaria to artemisinins was reported in western Cambodia in 2008. The multipronged containment response, which began in January 2009, is continuing, but there are worrisome data that suggest that additional foci of artemisinin resistance have emerged elsewhere in the Mekong subregion. In early 2011, WHO, together with the Roll Back Malaria Partnership, released the Global Plan for Artemisinin Resistance Containment, which was developed with input from more than 100 stakeholders. The stated objective of the Global Plan is to preserve artemisinin-based combination therapies as an effective treatment for falciparum malaria.

Disbursements to malaria-endemic countries (nearly $1.8 billion in 2010), still fall short of the estimated need in the Global Malaria Action Plan to ensure high coverage and maximal impact worldwide; the need will exceed $5 billion annually between 2010 and 2015 and $4.75 billion annually between 2020 and 2025. Achievement of the Millennium Development Goals will require not only adequate financial resources, but also the strengthening of health systems capable of delivering vector control interventions, the provision of diagnostics for the parasitologic confirmation of malaria alongside treatment with artemisinin-based combination therapies, and the development of routine surveillance systems for malaria as well as for resistance of parasites to antimalarial medicines and resistance of mosquitoes to insecticides.

I. Background and context

1. In 2009, there were an estimated 225 million cases of malaria (5th to 95th centiles, 169 million to 294 million) worldwide. The vast majority of cases (78 per cent) were in the WHO African Region, followed by the South-East Asia Region (15 per cent) and the Eastern Mediterranean Region (5 per cent). There were an estimated 781,000 deaths (5th to 95th centiles, 628 million to 968 million) in 2009, of which 91 per cent were in the African Region, followed by the South-East Asia Region (6 per cent) and the Eastern Mediterranean Region (2 per cent).

2. Despite progress, malaria remains a major killer of African children, so control of malaria will make a direct contribution to the achievement of Millennium Development Goal 4 (reducing under-5 mortality by two thirds by 2015). Malaria control will also contribute to the achievement of Millennium Development Goal 5, reducing maternal mortality. Without substantial progress in controlling malaria, which accounted for 8 per cent of deaths in children under 5 years of age globally in 2008 and 16 per cent of deaths of children under 5 years of age in Africa, Millennium Development Goal 4 will not be achieved.

3. As of 2007, the United Nations (through the Millennium Development Goals), the World Health Assembly and the Roll Back Malaria Partnership had consistent goals for intervention coverage and impact for 2010 and 2015. Those goals have evolved in recent years with the development of the Global Malaria Action Plan in 2008 to become increasingly ambitious, reflecting the substantial progress made in malaria control. The targets of the Global Malaria Action Plan were recently further revised through a consultative process. The first objective is to reduce the global number of malaria deaths to near zero by 2015, which is more ambitious than the previous targets of a 75 per cent reduction in the number of malaria deaths by 2015 (World Health Assembly 2007), and the reduction of the global number of preventable malaria deaths to near zero by 2015 (Roll Back Malaria Partnership 2008). The second objective is the reduction in the number of global malaria cases by 75 per cent by 2015 (when compared with 2000). The third is that by 2015, malaria should be eliminated in 10 additional countries (since 2008) and in the WHO European Region.

4. The intervention coverage targets in 2007 were aimed at reaching more than 80 per cent by 2010, with four key interventions: insecticide-treated nets for people at risk, appropriate antimalarial medicines for patients with probable or confirmed malaria, indoor residual spraying for targeted households at risk, and intermittent preventive treatment in pregnancy (in moderate to high-transmission settings). In accordance with the latest revision of the Global Malaria Action Plan, these targets have been made more ambitious, reflecting both changing WHO recommendations on universal diagnostic testing of suspected malaria and continued progress, and now include: universal access to case management (by 2015, 100 per cent of suspected cases receive a malaria diagnostic test and 100 per cent of confirmed cases receive treatment with appropriate and effective antimalarial drugs in public and private sectors or through community case management); universal access to and utilization of prevention measures (currently defined as every person at risk sleeping under a quality insecticide-treated net or in a space protected by indoor residual spraying and every pregnant woman at risk receiving at least one dose of intermittent preventive treatment during each of the second and third trimesters, in settings where such treatment is appropriate), and sustaining those levels; and

acceleration of the development of malaria surveillance systems (by the end of 2015, all districts have the capacity to report on a monthly basis the number of suspected malaria cases, the number of cases receiving a diagnostic test and the number of confirmed malaria cases from all public health facilities, or a consistent sample of them).

II. Policies and strategies for malaria control

5. The two most powerful and most broadly applied interventions aimed at malaria prevention through mosquito control are long-lasting insecticide-treated nets and indoor residual spraying. Because high coverage rates are needed in order to realize the full potential of either nets or spraying, WHO recommends "universal coverage" of all people at risk in areas targeted for malaria prevention. In the case of long-lasting insecticide-treated nets, this means that all people at risk, regardless of age or gender, in areas targeted for malaria prevention should be provided with nets.

6. WHO recommends that long-lasting insecticide-treated nets be either delivered free of charge or made available at highly subsidized prices. Cost should not be a barrier to making them available to all people at risk for malaria, especially those at greatest risk for adverse outcomes, such as young children and pregnant women.

7. Universal coverage with long-lasting insecticide-treated nets is best achieved and maintained by combining distribution through initial rapid coverage with periodic mass campaigns supplemented by routine delivery to pregnant women through antenatal services and to infants at immunization clinics.

8. Only nets recommended by the WHO Pesticide Evaluation Scheme should be procured by national malaria control programmes and partners for malaria control. Such nets are designed to maintain their biological efficacy against vector mosquitoes for at least three years in the field under recommended conditions of use, obviating the need for regular insecticide treatment. There is a pressing need to move towards basing procurement decisions not on the lowest unit cost per net, but the lowest cost per life year covered by a long-lasting insecticide-treated net, taking into account the durability of the net. This approach may result in improved effectiveness of the interventions, as well as improved efficiencies and cost savings as a result of reduced delivery costs. Such a shift requires the adoption of routine monitoring of the durability of the nets under field conditions, as is recommended by WHO (World Health Organization 2011: *Guidelines for monitoring the durability of long-lasting insecticidal mosquito nets under operational conditions*). In addition, interim guidance is being prepared for endemic countries and donor agencies to inform procurement decisions and improve value for money, and is expected to be ready in early 2012.

9. Twelve insecticides belonging to four chemical classes are currently recommended by the Scheme for indoor residual spraying. Dichlorodiphenyltrichloroethane (DDT) has comparatively long residual efficacy (more than six months) against malaria vectors. Under the Stockholm Convention on Persistent Organic Pollutants, countries can continue to use DDT for indoor residual spraying, provided that the guidelines and recommendations of WHO are followed.

10. Current methods of malaria control are highly dependent on a single class of insecticides, the pyrethroids, which are the most commonly used compounds for

indoor residual spraying and the only insecticide class used for treated nets. The widespread use of a single class of insecticide increases the risk that mosquitoes will develop resistance, which could rapidly lead to a major public health problem, particularly in Africa, where chemical vector control is being deployed with unprecedented levels of coverage and where the burden of malaria is greatest. Monitoring and managing resistance to the insecticides used in both long-lasting insecticide-treated nets and indoor residual spraying are vital to ensure that the appropriate mix of malaria vector control interventions is being used. Recent recommendations from WHO call for programmes to avoid the practice of spraying the same insecticide (or class of insecticides) repeatedly year after year; instead, insecticides with different modes of action should be sprayed alternately, in rotation. This and other recommendations can be found in *The technical basis of coordinated action against insecticide resistance: preserving the effectiveness of modern malaria vector control* (WHO, 2011). The World Health Assembly has called on WHO to develop a global plan for insecticide resistance management in malaria vectors, which is expected to be released in early 2012.

11. Early and effective treatment of malaria reduces morbidity, prevents death and reduces the reservoir of infection, leading to successful malaria control. Updated *WHO Guidelines for the Treatment of Malaria* were released in 2010.

12. For all patients with suspected malaria, prompt parasitological confirmation through microscopy or a rapid diagnostic test is recommended before treatment is started. Treatment based solely on clinical suspicion should be considered only when a parasitological diagnosis is not accessible. Parasitological confirmation of malaria before treatment is increasingly important because as transmission falls, so does the proportion of fevers that are attributable to malaria. By treating all cases of fever as malaria, not only are artemisinin-based combination therapies overused, but also appropriate care for people with other causes of fever is not provided. Expansion of the use of rapid diagnostic tests will help to reduce the overdiagnosis of malaria and overuse of antimalarial medicines. In Senegal, following the introduction of rapid diagnostic tests in 2007, malaria diagnostic testing rates rose rapidly from 4 per cent to 86 per cent (by 2009); the prescription of artemisinin-based combination therapy dropped throughout this period from 73 per cent of malaria-like febrile illness to 32 per cent, reaching close equivalence to confirmed malaria (30 per cent of 585,000 suspected fever cases). More than 500,000 courses of inappropriate artemisinin-based combination therapy prescription were averted.

13. Confirmed cases of *Plasmodium falciparum* malaria without complications should be treated with an artemisinin-based combination therapy, and cases of *Plasmodium vivax* should be treated with chloroquine in areas where it is effective, or with an appropriate artemisinin-based combination therapy in areas where the resistance of *Plasmodium vivax* to chloroquine has been documented. Treatment of *Plasmodium vivax* should be combined with 14 days of primaquine to prevent relapse, after confirming that the patient does not have glucose-6-phosphate dehydrogenase deficiency. A single dose of primaquine may be added to an artemisinin-based combination therapy for treatment of *Plasmodium falciparum* malaria as an anti-gametocyte medicine, particularly as a component of a pre-elimination or elimination programme, provided the risk of haemolysis in patients with glucose-6-phosphate dehydrogenase deficiency has been considered.

14. Artemisinin-based combination therapies not only are efficacious, but also help to prevent the emergence and spread of drug-resistant Plasmodium. Five such therapies are currently recommended for use because of their safety and efficacy: artemether-lumefantrine, artesunate-amodiaquine, artesunate-mefloquine, artesunate-sulfadoxine-pyrimethamine and dihydroartemisinin-piperaquine (which has recently received regulatory approval from the European Medicines Agency). The choice of the therapy should be based on the efficacy of the combination in the country or area of intended use. Artemisinin-based fixed-dose combinations are strongly preferable to loose individual medicines that are co-blistered or co-dispensed.

15. In November 2010, the results of a trial known as Aquamat proved that parenteral artesunate is superior to quinine for the treatment of severe malaria, including among children living in high malaria transmission areas in Africa. Based on these results, WHO has updated the guidelines for the treatment of malaria, and now recommends parenteral artesunate (intravenous or intramuscular), as first choice treatment for severe malaria in all endemic areas. Accelerated action is needed at the country level to ensure that national policies are updated accordingly. In November 2010, WHO pre-qualified Artesunate IV, manufactured by Guilin Pharmaceutical in China. Therefore, this medicine can now be procured by multiple international funding agencies, including the Global Fund, making possible a large increase in procurement and access to this important and life-saving medicine.

16. Intermittent preventive treatment in pregnancy with sulfadoxine pyrimethamine, given two to three times during the second and third trimesters of pregnancy during antenatal care visits, is recommended for pregnant women in areas of high transmission. Intermittent preventive treatment in infants, using a single dose of sulfadoxine pyrimethamine administered three times during the first year of life at routine expanded programme on immunization visits, is recommended for areas of high transmission where sulfadoxine pyrimethamine still remains effective as a preventive medicine.

17. Parasite resistance has rendered previous antimalarial medicines ineffective in most parts of the world, threatening malaria control. The highly effective artemisinin derivatives and their partner drugs are vulnerable to the same risk. WHO recommends that oral artemisinin-based monotherapies not be used for the treatment of uncomplicated malaria and that they be withdrawn from the market and replaced with artemisinin-based combination therapies.

III. Financing of malaria control

18. Advocacy efforts at the global, regional and national levels over the course of the past 10 years spurred an upsurge in terms of political and financial commitment to malaria control efforts.

19. Financial commitments to malaria control on the part of external agencies have increased dramatically from approximately $0.3 billion per year in 2003 to $1.8 billion in 2010. However, commitments appear to have stagnated in 2009 and 2010, at $1.8 billion. While commitments are critical, it is the international disbursements for malaria to malaria-endemic countries that determine progress. These disbursements increased from $35 million in 2000 to $200 million in 2004 to more than $1.5 billion in 2009, a fortyfold increase.

20. The Global Fund to Fight AIDS, Tuberculosis and Malaria accounted for $2.8 billion, or more than 60 per cent, of all external malaria-control funds disbursed to malaria-endemic countries between 2000 and 2009. The United States Agency for International Development, including the President's Malaria Initiative, was second to the Global Fund as a source of funds from 2000 to 2009, increasing its malaria funding by a factor of 30 from $10 million in 2000 to $300 million in 2008; the World Bank disbursed $54.2 million, and the combined bilateral donor countries (not including the United States) and other multilateral donors disbursed approximately $120 million.

21. The number of countries receiving external assistance for malaria increased from 29 in 2000 to 77 in 2008 (out of a total of 106 malaria-endemic countries in 2010). The highest per capita expenditure continued to be seen in countries with smaller populations at risk. There is an approximate difference of ninetyfold between the per-person-at-risk funding level in sub-Saharan Africa; Côte d'Ivoire received $0.57 per person at risk, and Sao Tome and Principe received $50.93 per person at risk over the seven-year period from 2003 to 2009. External financing appears to be concentrated on programme activities, particularly the procurement of insecticide-treated nets, antimalarial medicines and indoor residual spraying. A larger proportion of national government financing is directed towards human resources, although significant amounts are also spent on antimalarial medicines and spraying.

22. An analysis of the malaria prevention and control programmes of private sector efforts by three companies in Zambia (Mopani Copper Mines, Konkola Copper Mines and Zambia Sugar) showed that among the 157,000 individuals (including 33,000 employees, their dependants and surrounding members of the community) protected over the period from 2000 to 2009, annual malaria cases decreased 94 per cent, annual malaria-related workdays lost decreased 94 per cent and malaria-related spending at company clinics decreased 76 per cent. A total of 108,000 malaria episodes were averted, and more than 300 lives were saved. Other public-private partnerships — AngloGold Ashanti in Ghana, Marathon Oil in Equatorial Guinea and BHP Billiton in Mozambique — all reduced company health-care costs and workdays lost to malaria. These results indicate a minimum return on malaria control investment of 28 per cent, providing unprecedented evidence that businesses can and should be involved in malaria control efforts.

23. Information on domestic financing for malaria is less complete and likely contributed to an overall underestimate of the total financial resources available for malaria control. Nonetheless, domestic spending on malaria control appears to have risen in all WHO regions in the countries that report financial data. Large increases in donor financing do not appear to have resulted in an overall reduction in the amount of domestic financing, although countries that had reduced their spending had received more external financing than those that increased their domestic spending.

24. Government financing frequently covers the fixed costs of operating malaria programmes, including human resources and programme management (including information systems, planning workshops, supervision, etc.). The expenditures of these external agencies, such as the Global Fund and President's Malaria Initiative, are more often directed to the financing of variable costs, such as the provision of commodities and their distribution.

25. While the total funds available for malaria control have increased to unprecedented levels they are still lower than the annual amount estimated in the

Global Malaria Action Plan — between $5.0 billion and $6.2 billion per year between 2009 and 2015 — to successfully control malaria.

IV. Programme implementation: vector control

26. In 2009, 23 countries in the African Region and 42 outside it had adopted the WHO recommendation that mosquito nets be provided for all age groups at risk for malaria, not just women and children; this represents an increase of 13 countries since 2008. A total of 83 countries, of which 39 are in the African Region, distribute insecticide-treated nets free of charge.

27. According to data provided by the Alliance for Malaria Prevention of the Roll Back Malaria Partnership, the number of long-lasting insecticide-treated nets delivered to sub-Saharan African countries rose from 5.6 million per year in 2004 to 88.5 million per year in 2009. In 2010 a further 141 million insecticide-treated nets were delivered. Thus, in less than three years between 2008 and 2010, a cumulative total of 289 million insecticide-treated nets were supplied and delivered to sub-Saharan Africa, enough to cover 76 per cent of the 765 million persons at risk (assuming two people sleeping under each net).

28. More than 50 per cent of the insecticide-treated nets provided between 2008 and 2010 were delivered to seven countries: the Democratic Republic of the Congo, Ethiopia, Kenya, Nigeria, the Sudan, Uganda and the United Republic of Tanzania, which comprise 56 per cent of the population at risk in sub-Saharan Africa.

29. The percentage of children using insecticide-treated nets is still below the World Healthy Assembly target of 80 per cent, partly because up to the end of 2009, insecticide-treated net ownership remained low in some parts of the largest African countries. Resources for further scale-up have subsequently been made available, with more than 140 million nets delivered in 2010, including at least 52 million to the three most populous countries in Africa (the Democratic Republic of the Congo, Ethiopia and Nigeria).

30. Household survey data for 2007-2009 indicate that 10 countries (Equatorial Guinea, Ethiopia, Gabon, Mali, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo and Zambia) had reached a household ownership rate of insecticide-treated nets of more than 50 per cent. The proportion of children sleeping under a net in 2010 was estimated to be 35 per cent, compared with 17 per cent in 2007. The low rates of use reported in some surveys are due primarily to a lack of sufficient nets to cover all household members; however, a very high proportion of available insecticide-treated nets (80 per cent) is used.

31. A model-based estimate showed that 42 per cent of African households owned at least one insecticide-treated net, and 35 per cent of children under 5 years of age slept under such a net in 2010. Household ownership of insecticide-treated nets was estimated in this model to have reached 50 per cent or higher in 19 African countries in 2010.

32. A consistent pattern emerges across countries showing that persons aged 5-19 years are least likely to use an insecticide-treated net compared with those in the younger and older age groups, which is cause for concern, as such persons are at significant risk of malaria, especially as its transmission falls. Women are slightly more likely to sleep under an insecticide-treated net than men (ratio

women:men = 1.1) owing partly to the fact that pregnant women are more likely to sleep under a net. There are no differences in usage rates between female and male children under 5 years of age.

33. Indoor residual spraying programmes have expanded considerably in recent years. In 2009, 71 countries, 32 of which are in Africa, reported recommending indoor residual spraying. A total of 168 million persons were protected by indoor residual spraying in 2009; the number of people protected by spraying in the African Region rose from 10 million in 2005 to 73 million in 2009, corresponding to the protection of 10 per cent of the at-risk population. Twelve countries protected more than 10 per cent of their populations at risk in 2009: Sao Tome and Principe (83 per cent), South Africa (80 per cent), Equatorial Guinea (79 per cent), Ethiopia (50 per cent), Gambia (47 per cent), Zambia (43 per cent), Zimbabwe (41 per cent), Madagascar (34 per cent), Mozambique (36 per cent), Namibia (31 per cent), Botswana (18 per cent) and Rwanda (14 per cent).

V. Programme implementation: diagnosis

34. The percentage of reported suspected malaria cases receiving a parasitological test has increased between 2005 and 2009, particularly in the African Region (from 26 per cent to 35 per cent), the Eastern Mediterranean Region (47 per cent to 68 per cent) and South-East Asia Region, excluding India (from 58 per cent to 95 per cent). Low rates persist in the majority of African countries: in 21 out of 42 countries, which reported on testing, the percentage of cases tested was less than 20 per cent. However, major scale-up efforts are currently under way following the 2010 WHO recommendation for universal access to diagnostic testing of suspected malaria cases.

35. The number of rapid diagnostic tests delivered increased rapidly in 2009 from less than 200,000 in 2005 to about 30 million in 2009, with most rapid diagnostic tests (44 per cent) being used in the African Region, followed by the South-East Asia Region (41 per cent) and the Eastern Mediterranean Region (11 per cent). However, these totals are likely to underestimate the quantity of rapid diagnostic tests distributed, as only 21 of the 43 endemic countries in the African Region reported such data in 2009.

36. A wide range of brands of rapid diagnostic tests is available on the market, and products differ in their performance. In addition, test performance is affected by extremes of heat and humidity, conditions that frequently prevail in malaria-endemic settings. In order to ensure the high-quality rapid diagnostic tests, countries are advised to procure products that have demonstrated good performance in the WHO Rapid Diagnostic Test Evaluation Programme. The programme, which was launched in 2006 in collaboration with the Foundation for Innovative New Diagnostics and the United States Centers for Disease Control and Prevention, assesses and reports on the performance of rapid diagnostic test products and serves as a guide for countries and procurement agencies in selecting high-quality tests. A third round of performance test results is now available. An unprecedented number of product submission requests were received, and 50 products were tested after limiting submission to three per manufacturer; of those products, 23 were resubmissions from previous rounds. A major improvement in quality was observed in the resubmitted products, with an increase in median parasite detection score at low

parasite densities from 63 per cent to 84 per cent for *Plasmodium falciparum* and 30 per cent to 63 per cent for *Plasmodium vivax*, demonstrating that manufacturers are being guided by the testing process to improve the quality of their products. Since the performance of various production lots of individual products often varies over time, it is recommended that all lots of procured products be checked for quality through lot testing prior to large-scale deployment in the field and that a process for the monitoring of rapid diagnostic test performance in the field be put in place. The Rapid Diagnostic Test Evaluation Programme provides the service of lot testing of rapid diagnostic tests at several regional centres.

VI. Programme implementation: treatment

37. By 2009, 77 of 86 *Plasmodium falciparum* malaria-endemic countries and territories had adopted artemisinin-based combination therapies for use as part of their national drug policies.

38. The use of oral artemisinin-based monotherapies threatens the therapeutic life of artemisinin-based combination therapies by fostering the spread of resistance. Despite the appeal made by WHO for a halt in the use of these medicines (World Health Assembly resolution 60.18, endorsed by all WHO member States in May 2007), production continues, and many countries have not yet withdrawn them from their markets. Since the appeal of WHO, 35 countries have withdrawn marketing authorization for oral artemisinin-based monotherapy. Out of 80 companies involved in the production and marketing of these medicines, a total of 46 have de-listed oral artemisinin-based monotherapy from their product catalogues. However, there is more work to be done, as 34 companies, mainly those targeting the private-sector markets of malaria-endemic countries, are still actively marketing monotherapies. Greater assistance to national drug regulatory authorities is required to phase out oral artemisinin-based monotherapies from the market.

39. The procurement of artemisinin-based combination therapies for the public sector continues to increase, rising from more than 76 million treatment courses in 2006 to 158 million in 2009.

40. The number of artemisinin-based combination therapies distributed by national malaria control programmes appears to have increased between 2007 and 2009, but reporting by country is incomplete. Nevertheless, country reports indicate that by the end of 2009, 11 African countries were providing sufficient courses of artemisinin-based combination therapies to cover more than 100 per cent of malaria cases seen in the public sector; a further eight African countries delivered sufficient courses to treat 50-100 per cent of cases. These figures represent a substantial increase since 2005, when only five countries were providing sufficient courses of artemisinin-based combination therapy to cover more than 50 per cent of patients treated in the public sector. However, the number of artemisinin-based combination therapy courses distributed by national malaria control programmes in the African Region in 2009 exceeded the total number of diagnostic tests carried out (microscopy and rapid diagnostic tests) by a factor of 2.4, indicating that many patients are still receiving artemisinin-based combination therapies without confirmatory diagnosis.

41. By combining household survey data with health facility data, it can be estimated that, on average, 65 per cent of treatment needs are fulfilled for patients

attending public health facilities. In the private sector, febrile patients are 25 per cent less likely to receive an antimalarial than those visiting public sector facilities, while those that stay at home are 60 per cent less likely.

42. The Affordable Medicines Facility for Malaria, an innovative financing mechanism designed to expand access to the most effective malaria treatments, has launched a pilot to increase access to artemisinin-based combination therapies in the private sector and to displace cheaper but ineffective medicines and monotherapies that promote drug resistance. Managed by the Global Fund, this programme is being piloted in eight countries and will operate for approximately 24 months before being reviewed through an independent evaluation to determine whether to expand, accelerate, modify or suspend the Facility. The Global Fund board is expected to make this decision in 2012.

43. The first evidence of *Plasmodium falciparum* resistance to artemisinin in western Cambodia was published in 2008. A multipronged project to contain the spread of artemisinin resistance was implemented on the Cambodia-Thailand border that began in January 2009 is continuing. However, there are concerning data to suggest that foci of artemisinin-resistant *Plasmodium falciparum* may have emerged in other sites in the Mekong subregion. In response to this grave threat to global malaria control efforts, WHO worked with more than 100 stakeholders across the Roll Back Malaria Partnership to develop the Global Plan for Artemisinin Resistance Containment. The plan, launched by the WHO Director-General in January 2011, calls on all partners to collaborate in order to stop the spread of resistant parasites; increase monitoring and surveillance for artemisinin resistance; improve access to malaria diagnostic testing and rational treatment with artemisinin-based combination therapies; invest in artemisinin resistance-related research; and motivate action and mobilize resources.

VII. Preventive treatment

44. A total of 33 of 43 endemic countries in the African Region, as well as two countries in the Eastern Mediterranean Region (Somalia and Sudan) and one in the Western Pacific Region (Papua New Guinea), had adopted intermittent preventive treatment for pregnant women as a national policy by the end of 2009. Data on intermittent preventive treatment for pregnant women from surveys in 2007-2008 were available for eight countries in Africa, representing a combined population of 270 million. In 2007-2008, the percentage of women who received two doses of treatment during pregnancy ranged from 2.4 per cent in Angola to 62 per cent in Zambia; the weighted average remained low, at 12 per cent, owing to low coverage rates in the largest countries. Data reported by national malaria control programmes in 22 high-burden countries in the African Region indicate that the percentage of women attending antenatal clinics who received the second dose of intermittent preventive treatment was 55 per cent.

VIII. Impact of control programmes in the World Health Organization African Region

45. A total of 11 countries and one area in the African Region showed a reduction of more than 50 per cent in either confirmed malaria cases or malaria admissions

and deaths in recent years (Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Zambia, and Zanzibar, United Republic of Tanzania). In all countries, the decreases are associated with intensive scale-up of malaria control interventions. As a result of these significant reductions in malaria-related disease burdens, progress towards the halving of under-five mortality (Millennium Development Goal 4) has been accelerated.

46. Similar impacts may have occurred in other high-burden African countries, but changes in morbidity and mortality have been difficult to routinely detect because disease surveillance systems are not sufficiently developed. Based on malaria prevention scale-up (intermittent preventive treatment for pregnant women, insecticide-treated nets, indoor residual spraying) in 34 African countries over the past decade, it is estimated that more than 735,000 lives have been saved between 2000 and 2010, most of them since 2006.

47. In 2009, there was evidence of an increase in malaria cases in three countries that had previously reported reductions (Rwanda, Sao Tome and Principe and Zambia). The reasons for these resurgences are not known with certainty, but they highlight the fragility of progress in malaria control and the need to rigorously maintain control programmes even when cases have been reduced substantially.

48. Four out of five low transmission countries in southern Africa (Botswana, Namibia, South Africa and Swaziland) showed decreases of greater than 50 per cent in the number of confirmed malaria cases between 2000 and 2009. Four of these countries (Botswana, Namibia, South Africa and Swaziland) also reported decreases in the number of deaths from malaria. Cape Verde showed sustained decreases from 2000 to 2008, enabling it to enter the pre-elimination phase of malaria control. It recorded a rise in cases in 2009, which may be due to increased case detection efforts. Each of these countries shows evidence of large-scale malaria programme activity.

IX. Impact of control programmes in other World Health Organization Regions

49. In the other WHO Regions, the number of reported cases of confirmed malaria decreased by more than 50 per cent in 32 of the 56 malaria-endemic countries between 2000 and 2009, and downward trends of 25-30 per cent were seen in eight other countries. In 2009, the European Region reported no locally acquired cases of *Plasmodium falciparum* malaria for the first time. The number of cases fell the least in countries with the highest incidence rates, indicating that greater attention should be given to such countries, which harbour most of the malaria burden outside Africa.

50. The number of cases reported in the region of the Americas decreased from 1.18 million in 2000 to 526,000 in 2009. Four countries (Brazil, Colombia, Haiti and Peru) accounted for 90 per cent of the cases in 2009. Reductions of more than 50 per cent were reported in 11 countries (Argentina, Belize, Bolivia (Plurinational State of), Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay and Suriname). Four of the countries are in the elimination or pre-elimination stage, and actively follow up suspected cases (Argentina, El Salvador, Mexico and

Paraguay), while four others show evidence of control activities being implemented extensively in populations at risk of malaria (Ecuador, Guatemala, Nicaragua and Suriname). Brazil has greatly extended the availability of diagnosis and treatment through a network of more than 40,000 health workers who reach individual households. Three countries (Dominican Republic, Haiti and Venezuela (Bolivarian Republic of)) reported increased numbers of cases between 2000 and 2009, with the highest increase seen in Haiti (three times more cases in 2009 compared with 2000).

51. Reductions of more than 50 per cent in the number of reported cases between 2000 and 2009 were seen in five countries in the South-East Asia Region (Bhutan, the Democratic People's Republic of Korea, Nepal, Sri Lanka and Thailand). The number of confirmed cases in India was 23 per cent lower in 2009 than in 2000. There was evidence of wide-scale implementation of antimalarial interventions in three countries that showed decreases in the number of cases (Bhutan, Sri Lanka and Thailand), although intervention coverage has been less than 50 per cent in recent years in Sri Lanka and Thailand. Two countries in the pre-elimination stage actively follow up all suspected cases (Democratic People's Republic of Korea and Sri Lanka). The scale of preventive interventions appears to be small in India and Nepal, with less than 30 per cent of the population at high risk covered. The remaining malaria-endemic countries reported no change or an increase in cases (Bangladesh, Indonesia, Myanmar and Timor-Leste), and the scale of control activities appeared to be small in relation to the total population at risk.

52. The number of reported malaria cases in the European Region has been reduced substantially, from 32,385 in 2000 to 285 in 2009. Intensive control activities are implemented throughout the region. Indoor residual spraying is the primary means of vector control, supplemented by the use of the larvivorous Gambusia fish in rice-growing areas, passive and active case detection and inter-country collaboration in affected border areas. In 2005, all nine malaria-affected countries in the European Region endorsed the Tashkent Declaration, the goals of which are to interrupt malaria transmission by 2015 and to eliminate the disease within the Region. No indigenous *Plasmodium falciparum* cases were reported in 2009 for the first time since the resurgence of malaria in the early 1990s. Four countries in the Eastern Mediterranean Region have seen reductions in malaria cases of more than 50 per cent between 2000 and 2009 (Afghanistan, Iran (Islamic Republic of), Iraq and Saudi Arabia), the last three of which have shown evidence of a sustained decrease in the number of cases associated with wide-scale implementation of malaria control activities and are classified as being in the elimination or pre-elimination stage. Other countries in the Region have not registered consistent decreases in the number of cases (Djibouti, Pakistan, Somalia, the Sudan and Yemen), although the Sudan has extended the coverage of malaria preventive activities to more than 50 per cent of the at-risk population.

53. In the Western Pacific Region, five countries reported decreases in the numbers of confirmed cases of more than 50 per cent between 2000 and 2009 (China, the Lao People's Democratic Republic, the Republic of Korea, Solomon Islands and Viet Nam). There is evidence of widespread implementation of malaria control activities in all these countries, either through vector control or enhanced case management. Three countries reported decreases of 25-50 per cent (Malaysia, the Philippines and Vanuatu); there is widespread coverage of vector control interventions in Malaysia and Vanuatu. In both Cambodia and Papua New Guinea,

there was little change in confirmed cases, although Cambodia has reported a reduction in malaria deaths from 608 in 2000 to 279 in 2009 (54 per cent decrease).

X. Elimination

54. WHO encourages countries in areas of low, unstable transmission to proceed to malaria elimination (interrupting transmission).[1] The conditions that are prerequisites for achieving and sustaining malaria elimination in these settings include the presence of a health system providing nationwide coverage of quality-controlled services, including surveillance. In areas of high, stable transmission with unrelentingly high vectorial capacities, such as many parts of tropical Africa, achieving and sustaining a malaria-free status is improbable, given the currently available malaria control tools.

55. In 2009, there were eight countries (Argentina, El Salvador, Paraguay, Iran (Islamic Republic of), Malaysia, Mexico, the Democratic Republic of Korea and Sri Lanka) in the pre-elimination stage of malaria control. A ninth country, Cape Verde, was added in 2010. Ten countries (Algeria, Azerbaijan, Georgia, Iraq, Kyrgyzstan, Republic of Korea, Saudi Arabia, Tajikistan, Turkey and Uzbekistan) are implementing elimination programmes nationwide. A further seven countries (Armenia, the Bahamas, Egypt, Jamaica, Oman, the Russian Federation and the Syrian Arab Republic) are in the phase of preventing introduction of malaria.

56. In May 2010, Morocco became the second country in recent history to be certified by WHO as having achieved malaria elimination (the United Arab Emirates was certified as malaria free by WHO in January 2007). Morocco reported its last case of indigenous *Plasmodium vivax* malaria transmission in 2004. In October 2010, Turkmenistan was added to the *WHO Official Register* of areas where malaria elimination has been achieved. The last case was also registered in 2004. Armenia has initiated the process for certification of malaria elimination.

XI. Summary and recommendations

57. **Progress is being made towards achieving the goals for malaria control set forth by the World Health Assembly, the Roll Back Malaria Partnership and the Millennium Development Goals.**

58. **International funding for malaria control has risen steeply in the past decade. Disbursements reached their highest ever levels in 2009 at $1.5 billion, but new commitments for malaria control appear to have stagnated in 2009 and 2010 at $1.8 billion. Countries with smaller at-risk populations continue to**

[1] Malaria elimination: the interruption of local mosquito-borne malaria transmission; reduction to zero of the incidence of infection caused by human malaria parasites in a defined geographical area as a result of deliberate efforts; continued measures to prevent the re-establishment of transmission are required. Certification of malaria elimination: can be granted by WHO after it has been proved beyond reasonable doubt that the chain of local human malaria transmission by Anopheles mosquitoes has been fully interrupted in an entire country for at least three consecutive years. Malaria eradication: permanent reduction to zero of the worldwide incidence of infection caused by a specific agent; applies to a particular malaria parasite species. Intervention measures are no longer needed once eradication has been achieved.

receive more funding per person at risk than more populous countries. The amounts committed to malaria, while substantial, still fall short of the resources required for malaria control, estimated at more than $6 billion for the year 2010.

59. The increased financing has resulted in tremendous progress in increasing access to insecticide-treated mosquito nets in the past three years. Between 2008 and the end of 2010, approximately 289 million long-lasting insecticide-treated nets were delivered to sub-Saharan Africa, enough to cover 76 per cent of the 765 million persons at risk of malaria. It is estimated that 42 per cent of households in Africa owned at least one insecticide-treated net in mid-2010, and that 35 per cent of children slept under such a net. The percentage of children using insecticide-treated nets is still below the World Health Assembly target of 80 per cent, partly because up to the end of 2009, ownership of the nets remained low in some of the largest African countries. Low rates of usage reported in some surveys are owing primarily to a lack of sufficient nets to cover all household members; household survey results suggest that most of the available nets (80 per cent) are being used.

60. While the rapid scale-up of distribution of long-lasting insecticide-treated nets in Africa represents an enormous public health achievement, it also represents a formidable challenge for the future in ensuring that the high levels of coverage are maintained. The lifespan of a long-lasting net is currently estimated to be three years. Nets delivered in 2006 and 2007 are therefore already due for replacement, and those delivered between 2008 and 2010 soon will be. It is a public health imperative to replace these nets as a life-saving intervention; failure to do so could lead to a resurgence of malaria cases and deaths. It is important to move towards procuring long-lasting nets based on the lowest cost-per-life year covered rather than the lowest unit cost.

61. Indoor residual spraying programmes have also expanded considerably in recent years, with the number of people protected in sub-Saharan Africa increasing from 13 million in 2005 to 75 million in 2009, corresponding to protection for approximately 10 per cent of the at-risk population in 2009.

62. WHO now recommends that all cases of suspected malaria be confirmed with a diagnostic test prior to treatment. As the incidence of malaria decreases through much of sub-Saharan Africa, the need to differentiate malaria from non-malarial fevers becomes more pressing. The proportion of reported cases in Africa confirmed with a diagnostic test has risen substantially from less than 5 per cent at the beginning of the decade to approximately 35 per cent in 2009, but low rates persist in the majority of African countries and in a minority of countries in other regions. A small number of countries have shown that it is possible to rapidly scale up the availability of malaria diagnostic testing on a national scale, provided that attention is given to adequate preparation, training, monitoring, supervision and quality control. Such experiences have been linked with large savings in the use of artemisinin-based combination therapies and with improved malaria surveillance.

63. Information from manufacturers indicates that the number of artemisinin-based combination therapies procured has increased in every year since 2005. By the end of 2009, 11 African countries were providing sufficient courses of artemisinin-based combination therapies to cover more than 100 per

cent of malaria cases seen in the public sector; a further eight African countries delivered sufficient courses to treat 50-100 per cent of cases. These figures represent a substantial increase since 2005, when only five countries were providing sufficient courses of artemisinin-based combination therapy to cover more than 50 per cent of patients treated in the public sector. However, information on access to treatment is generally incomplete, particularly for the significant proportion of patients treated in the private sector.

64. **A total of 11 countries and one area in the WHO African Region showed a reduction of more than 50 per cent in either confirmed malaria cases or malaria admissions and deaths in recent years. A decrease of more than 50 per cent in the number of confirmed cases of malaria between 2000 and 2009 was found in 32 of the 56 malaria-endemic countries outside Africa, while downward trends of 25-50 per cent were seen in eight other countries. Morocco and Turkmenistan were certified by the Director-General of WHO in 2009 as having eliminated malaria. In 2009, the European Region reported no cases of *Plasmodium falciparum* malaria for the first time.**

65. **It is estimated that the number of cases of malaria rose from 233 million in 2000 to 244 million in 2005 but decreased to 225 million in 2009. The number of deaths from malaria is estimated to have decreased from 985,000 in 2000 to 781,000 in 2009. Decreases in the malaria burden have been observed in all WHO Regions, with the largest proportional decreases noted in the European Region, followed by the Region of the Americas. The largest absolute decreases in deaths were observed in Africa.**

66. **Going forward, it is urgent that all countries and development partners work to maintain malaria high on the political and development agendas, to advocate strongly for adequate and predictable long-term financing for malaria control, and to sustain national financial commitments for malaria control in order to accelerate implementation of the policies and strategies recommended by WHO, thereby achieving World Health Assembly targets for malaria, the health-related Millennium Development Goals, as well as the ambitious objectives of the Roll Back Malaria Partnership, notably near-zero malaria deaths by the end of 2015.**

67. **It is essential that countries undertake regular and comprehensive reviews of malaria programmes as an essential step in developing strategic and operational plans for achieving and maintaining universal access to and coverage of malaria interventions.**

68. **Recommended vector-control interventions should be provided and maintained for all people at risk, particularly through: (a) replacement and continuous provision of long-lasting insecticide-treated bednets and targeted communication about their usage; and/or (b) regular application of indoor residual spraying with insecticides.**

69. **Prompt diagnostic testing of all suspected malaria cases should be provided, along with effective treatment with artemisinin-based combination therapy for patients with confirmed *falciparum* malaria, in both the public and private sectors, including the community level. The expansion of diagnostic services can be used as an opportunity to strengthen malaria surveillance.**

70. **In order to sustain the advances in malaria control, it is essential to take immediate action to combat resistance to artemisinin-based medicines, by implementing the recommendations in the Global Plan for Artemisinin Resistance Containment, including strengthening regulatory services in the public and private sectors, working to halt the use of oral artemisinin-based monotherapies and substandard medicines not meeting WHO prequalification standards or strict national regulatory authority standards, introducing quality-assurance mechanisms, and improving supply-chain management for all malaria commodities and services.**

71. **It is also vital to combat resistance to insecticides by adopting best practices, such as: rotation of insecticides used for indoor residual spraying; and using insecticides approved for indoor residual spraying from insecticide classes other than pyrethroids (and compounds sharing cross-resistance with pyrethroids) in areas where usage of insecticide-treated bednets is high. These recommendations will be elaborated in greater detail as part of the global plan for insecticide resistance management in malaria vectors, which is currently under development.**

72. **The expansion of interventions for malaria prevention and control can be used as an entry point for strengthening health systems, including laboratory services, maternal and child health services at peripheral health facilities, integrated management of illnesses at the community level, and timely and accurate surveillance.**

73. **At the heart of all malaria control programmes are people. In order to maintain core national competencies for malaria control, a strong cadre of malaria experts, including entomologists, needs to be maintained at all levels of the health-care system.**

74. **Malaria remains a leading killer of children under 5 years of age. Success in this fight is crucial to improving the health of women and children around the world, especially in Africa, and in generating progress towards the health-related Millennium Development Goals and towards the goals articulated in the Global Strategy for Women's and Children's Health.**

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General Assembly

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Sixty-sixth session
Item 134 of the provisional agenda*
Proposed programme budget for the biennium 2012-2013

Request for a subvention to the United Nations Institute for Disarmament Research resulting from the recommendations of the Board of Trustees of the Institute on the work programme of the Institute for 2012-2013

Note by the Secretary-General

Summary

The General Assembly in part IV, paragraph 2, of its resolution 60/248, endorsed the proposal that the request for a subvention to the United Nations Institute for Disarmament Research (UNIDIR) be submitted for review and approval by the Assembly on a biennial basis in the context of its consideration of the proposed programme budget for the related biennium.

In that context, and in accordance with the provisions of the statute (see resolution 39/148 H, annex, article VIII, para. 3) and the recommendations of the Board of Trustees of the Institute, the General Assembly is requested to approve a subvention in the amount of $577,800 for UNIDIR from the regular budget of the United Nations for the biennium 2012-2013. The related provision is included under section 4, Disarmament, of the proposed programme budget for the biennium 2012-2013 (A/66/6 (Sect. 4)).

* A/66/150.

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1. At its fifty-sixth session, the Advisory Board on Disarmament Matters, in its capacity as the Board of Trustees of the United Nations Institute for Disarmament Research (UNIDIR), approved, for submission to the General Assembly, the report of the Director of the Institute on its activities for the period from August 2010 to July 2011 and the proposed programme of work and estimated resource requirements for 2011 and 2012 (see A/66/123). The present report is submitted to the Assembly in the context of its consideration of a subvention to UNIDIR for 2012-2013 from the regular budget of the United Nations. As a result of the timing of the preparation of the two reports, the financial information contained in the annexes to the present report is similar to the information included in the annexes to the report of the Director of the Institute. Updated financial information of the Institute will be provided to the Advisory Committee on Administrative and Budgetary Questions at the time of its review of the two reports.

2. In the aforementioned report of the Director of UNIDIR, the Board of Trustees recommended continuation of a subvention from the United Nations regular budget. Such a subvention is important for ensuring the independence of the Institute.

3. The proposed programme budget of the United Nations for the biennium 2012-2013, under section 4, Disarmament (A/66/6 (Sect. 4)), contains a provision of $577,800, representing the United Nations subvention to UNIDIR for the biennium. This amount will be subject to subsequent recosting in accordance with the established procedures.

4. Under section IV of General Assembly resolution 44/201 B, entitled "Subvention from the regular budget to the United Nations Institute for Disarmament Research", the Secretary-General is required to report annually to the Assembly on the situation of the Institute. In this context, the financial situation of the Institute (details of which are included in annexes I through III of the present note) may be summarized as follows:

(a) Funds available at the beginning of 2011 amounted to $1,634,000. This figure includes an amount of $322,700 required as an operating cash reserve;

(b) Total income for 2011 is estimated at $3,115,600 from the following sources: voluntary contributions and public donations ($2,747,000); interest income ($30,000); interorganization contributions ($26,300); and the subvention from the United Nations regular budget ($312,300). It is also estimated that of the total voluntary contributions and public donations, approximately 83 per cent will be used for special projects and 17 per cent for other purposes, including administrative costs;

(c) Total estimated expenditure for 2011 is $3,423,000, including a provision of $148,100 for programme support costs. Requirements for 2012 are estimated at $2,613,700 inclusive of $110,700 for programme support costs;

(d) Available funds at the beginning of 2012 are estimated at $1,229,300, inclusive of an amount of $330,600 as an operating cash reserve.

5. It would be recalled that the General Assembly, in its resolution 60/248, endorsed the proposal that the request for a subvention to the Institute be submitted for review and approval by the Assembly on a biennial basis in the context of its consideration of the proposed programme budget for the related biennium.

6. Accordingly, the General Assembly is requested to approve a subvention to UNIDIR of $577,800 (before recosting) from the regular budget of the United Nations for the biennium 2012-2013, the provision for which has been included under section 4, Disarmament, of the proposed programme budget for the biennium.

Annex I

Income and expenditure estimates for 2011-2012

(Thousands of United States dollars)

Item	*2011 (estimates)*	*2012 (estimates)*
A. Funds available at the beginning of the year	1 634.0[a]	1 229.3[b]
B. Income:		
Voluntary contributions and public donations	2 747.0[c]	1 355.9[d]
Subvention from the United Nations regular budget	312.3	288.9[e]
Other inter-organizational contributions	26.3[c]	27.5[d]
Interest income	30.0	10.0
Total income	**3 115.6**	**1 682.3**
C. Total funds available	4 749.6	2 911.6
D. Refunds to donors	97.3[f]	
E. Expenditure	3 423.0	2 613.7
F. Fund balance at end of year	**1 229.3**	**297.9**

[a] Includes $322,700 required as an operating cash reserve for 2010.
[b] Includes $330,600 required as an operating cash reserve for 2011.
[c] See annex III for details of UNIDIR estimated income from voluntary sources for 2011.
[d] See annex III for details of UNIDIR estimated income from voluntary sources for 2012. The estimates for 2012 are conservative. Experience shows that they will be much higher but this cannot, of course, be guaranteed at the present stage.
[e] To be technically adjusted prior to the approval of the proposed programme budget for the biennium 2012-2013.
[f] Refund to the European Commission for the project entitled "Support for European Union activities in order to promote among third countries the process leading towards an arms trade treaty".

Annex II

Estimated resource requirements, 2011-2012

(Thousands of United States dollars)

Resource requirements	*2011[a] (estimates) (1)*	*2012[a] (estimates) (2)*	*Increase/ decrease (2-1)*
A. Direct administrative costs			
Salaries and related costs	823.6	823.6	—
General temporary assistance	—	—	—
Temporary assistance for meetings	22.7	20.5	(2.2)
Consultants' fees and travel	101.6	112.2	10.6
Ad hoc expert groups	521.0	166.0	(355.0)
Other personnel-related costs	1 317.4	1 180.5	(136.9)
Official travel of staff	126.2	62.5	(63.7)
Other external printing	3.1	1.7	(1.4)
Other specialized training	4.0	4.0	—
Contractual services	295.2	80.3	(214.9)
Hospitality	17.4	12.7	(4.7)
Premises: rental and maintenance	9.9	6.2	(3.7)
Operating expenses	7.4	7.4	—
Communications	17.1	17.1	—
Supplies and materials and furniture and equipment	8.3	8.3	—
Total A	**3 274.9**	**2 503.0**	**(771.9)**
B. Programme support costs (5 per cent of total A, less United Nations subvention)	148.1	110.7	(37.4)
Total expenditure (A + B)	**3 423.0**	**2 613.7**	**(809.3)**
C. Operating cash reserve (15 per cent of expenditure on contributions other than from the European Union, less United Nations subvention and 5 per cent on contributions from the European Union)	330.6	291.8	(38.8)
Grand total (A + B + C)	**3 753.6**	**2 905.5**	**(848.1)**

[a] These figures may be increased upon the confirmation of current funding proposals.

Annex III

Income from voluntary sources, 2011-2012

(United States dollars)

Voluntary contributions	*2011[a]*	*2012[a]*
A. Governmental contributions		
Australia	130 000	252 000
Austria	10 000	—
Canada	9 969	10 000
China	19 985	20 000
Finland	52 562	50 000
France	320 000	160 000
Germany	173 620	—
Hungary	19 711	20 000
India	10 000	10 000
Iraq	5 000	5 000
Ireland	13 089	15 000
Israel	10 000	10 000
Luxembourg	10 000	10 000
Mexico	3 000	3 000
New Zealand	10 000	—
Norway	560 000	300 000
Pakistan	5 000	5 000
Republic of Korea	30 000	30 000
Russian Federation	100 000	100 000
Switzerland	119 176	70 000
Turkey	3 000	3 000
United States of America	20 000	20 000
Subtotal A	**1 634 112**	**1 093 000**
B. Public donations		
Cultural and economic delegation of Taipei	40 000	—
European Commission	961 118	183 381
Foundation for International Relations and Development Studies	16 269	—
Fondation pour la recherche stratégique	742	—
Marie Curie Foundation	40 286	—
Northeastern University	3 500	3 500
Secure World Foundation	30 000	30 000
Simons Foundation	20 000	45 000
University for Peace	1 000	1 000
Subtotal B	**1 112 915**	**262 881**

Voluntary contributions	*2011[a]*	*2012[a]*
Total voluntary contributions (A + B)	**2 747 027**	**1 355 881**
C. Interorganization		
Office for Disarmament Affairs	26 250	27 500
Subtotal C	**26 250**	**27 500**
Total (A + B + C)	**2 773 277**	**1 383 381**

[a] These figures will be increased upon confirmation of current funding proposals.

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Sixty-sixth session
Item 98 (p) of the provisional agenda*
General and complete disarmament

Implementation of the Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction

Note by the Secretary-General

1. The report of the Organization for the Prohibition of Chemical Weapons on the implementation of the Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction for 2009 is hereby transmitted to the General Assembly pursuant to the provisions of article IV, paragraph 1, of the Agreement concerning the Relationship between the United Nations and the Organization for the Prohibition of Chemical Weapons (General Assembly resolution 55/283, annex). At the request of the Organization, its 2010 draft report is also transmitted hereby in order to provide Member States with the most up-to-date information.

2. As only a limited number of copies of the reports are available, it has not been possible to make a full distribution. Delegations are therefore requested to utilize the copies transmitted to them at the time of the discussion of the agenda item.

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Sixty-sixth session
Item 68 of the provisional agenda*
Right of peoples to self-determination

Right of peoples to self-determination

Report of the Secretary-General

Summary

In its resolution 65/201, the General Assembly requested the Secretary-General to report to the Assembly at its sixty-sixth session on the question of the universal realization of the right of peoples to self-determination. The present report is submitted in accordance with this request.

The report outlines the relevant jurisprudence of the Human Rights Committee and the Committee on Economic, Social and Cultural Rights on the treaty-based human rights norms relating to the realization of the right of peoples to self-determination, and provides a summary of the developments relating to the consideration by the Human Rights Council of the subject matter, the referendum on the right of self-determination of the people of South Sudan, and the situation concerning Western Sahara.

* A/66/150.

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I. Introduction

1. The General Assembly, in its resolution 65/201, reaffirmed that the universal realization of the right of all peoples, including those under colonial, foreign and alien domination, to self-determination is a fundamental condition for the effective guarantee and observance of human rights and for the preservation and promotion of such rights. The Assembly requested the Human Rights Council to continue to give special attention to the violation of human rights, especially the right to self-determination, resulting from foreign military intervention, aggression or occupation, and requested the Secretary-General to report on this question to the Assembly at its sixty-sixth session. The present report is submitted in accordance with paragraph 6 of the resolution.

2. The report provides a summary of the main developments relating to the realization of the right to self-determination within the framework of the activities of the United Nations human rights mechanisms during the period under review. This includes recent concluding observations of the Human Rights Committee, and the Committee on Economic, Social and Cultural Rights based on their consideration of the periodic reports submitted by States parties to the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights, in respect of the implementation of the right to self-determination guaranteed in article 1 of the two Covenants. The report also summarizes recent developments relating to the consideration by the Human Rights Council at its sixteenth session of the question of the realization of the right to self-determination, as well as those related to the referendum on the right of self-determination of the people of South Sudan and the situation concerning Western Sahara.

II. Human Rights Committee and Committee on Economic, Social and Cultural Rights

3. The principle of self-determination is enshrined in Article 1, paragraph 2, of the Charter of the United Nations. Article 1, paragraph 1, of the International Covenant on Civil and Political Rights and article 1, paragraph 1, of the International Covenant on Economic, Social and Cultural Rights affirm the right of all peoples to self-determination. Article 1, paragraph 3, of the International Covenant on Civil and Political Rights and article 1, paragraph 3, of the International Covenant on Economic, Social and Cultural Rights impose upon States parties, including those having responsibility for the administration of Non-Self-Governing and Trust Territories, the obligation to promote the realization of that right and respect it, in conformity with the provisions of the Charter.

4. The right to self-determination has been addressed by the Human Rights Committee and the Committee on Economic, Social and Cultural Rights in their consideration of States parties' periodic reports submitted, respectively, under article 40 of the International Covenant on Civil and Political Rights and articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights, with a focus on paragraph 2 of article 1 of the two Covenants, which affirms a particular aspect of the economic content of this right, namely the right of peoples, for their own ends, to "freely dispose of their natural wealth and resources without prejudice to

any obligations arising out of international economic cooperation, based upon the principle of mutual benefit, and international law. In no case may a people be deprived of its own means of subsistence". The relevant concluding observations are summarized below.

A. Concluding observations by the Human Rights Committee

5. During the reporting period, the Human Rights Committee addressed several issues related to the right to self-determination in its concluding observations on Israel with respect to the Occupied Palestinian Territories and on Colombia, El Salvador and Togo with respect to the rights of the indigenous peoples.

6. In its concluding observations on Israel adopted in July 2010, the Committee noted with concern the State party's military blockade of the Gaza Strip, in force since June 2007. While recognizing the State party's recent easing of the blockade with regard to the entry of civilian goods by land, the Committee stated that it was nevertheless concerned at the effects of the blockade on the civilian population in the Gaza Strip, including restrictions to their freedom of movement, some of which have led to deaths of patients in need of urgent medical care, and restrictions on the access to sufficient drinking water and adequate sanitation. The State party was requested to lift its military blockade of the Gaza Strip, insofar as it adversely affects the civilian population (CCPR/C/ISR/CO/3, para. 8).

7. Referring to paragraph 19 of the Committee's previous concluding observations (CCPR/CO/78/ISR), the Advisory Opinion of the International Court of Justice, and the State party's Supreme Court ruling of 2005, the Committee also expressed concern at the restrictions to freedom of movement imposed on Palestinians, in particular persons residing in the "Seam Zone" between the wall and Israel, the frequent refusal to grant agricultural permits to access the land on the other side of the wall or to visit relatives, and the irregular opening hours of the agricultural gates. Moreover, the Committee was concerned that despite the State party's temporary freeze on the construction of settlements in the West Bank, East Jerusalem and the occupied Syrian Golan Heights, the settler population continued to increase.

8. The Committee called on the State party to comply with its previous concluding observations and take into account the Advisory Opinion of the International Court of Justice and stop the construction of a "Seam Zone" by means of a wall, seriously impeding the right to freedom of movement, and to family life. It should cease all construction of settlements in the occupied territories (CCPR/C/ISR/CO/3, para. 16).

9. In its concluding observations on Colombia adopted in August 2010, the Committee expressed concern that the Afro-Colombian and indigenous population groups continue to be discriminated against and to be particularly exposed to the violence of armed conflict. Despite legal recognition of their right to collective land ownership, in practice those population groups face enormous obstacles in exercising control over their lands and territories. The Committee regretted that no progress has been made on the adoption of legislation to criminalize racial discrimination or on the adoption of legislation for holding prior consultations and guaranteeing the free, prior and informed consent of the members of the relevant community.

10. The Committee called on the State party to strengthen special measures in favour of Afro-Colombian and indigenous people in order to guarantee the enjoyment of their rights and, in particular, to ensure that they exercise control over their land and that it is restituted to them, as appropriate. The State party was requested to adopt legislation criminalizing racial discrimination and adopt the pertinent legislation for holding prior consultations with a view to guaranteeing the free, prior and informed consent of community members (CCPR/C/COL/CO/6, para. 25).

11. In its concluding observations on El Salvador adopted in July 2010, the Committee expressed concern at the marginalization of the various indigenous peoples in the State party, the lack of full recognition of indigenous peoples, the lack of statistics on indigenous peoples in the 2007 census, the absence of special measures to promote the realization of their rights as peoples, and the absence of measures to protect indigenous languages.

12. The Committee recommended to the State party to promote the full recognition of all indigenous peoples and consider ratifying the International Labour Organization Convention concerning Indigenous and Tribal Peoples in Independent Countries, 1989 (No. 169). Following consultations with all indigenous peoples and with their free and informed consent, the State party was also called upon to include in the next population census questions relating to the identification of indigenous peoples; design and implement public policies to move towards the full realization of their rights; and adopt special measures to address their marginalization. The Committee also recommended that the State party, after consultation with all indigenous peoples, adopt measures to revive their languages and cultures (CCPR/C/SLV/CO/6, para. 18).

13. In its concluding observations on Togo adopted in April 2011, the Committee noted with concern that neither the existence of indigenous peoples in Togo nor their right to free, prior and informed consent is recognized. The State party was called upon to take the necessary steps to guarantee the recognition of minorities and indigenous peoples and to ensure that indigenous peoples are able to exercise their right to free, prior and informed consent (CCPR/C/TGO/CO/4, para. 21).

B. Concluding observations by the Committee on Economic, Social and Cultural Rights

14. The Committee on Economic, Social and Cultural Rights addressed relevant aspects of the right to self-determination in its concluding observations on the Russian Federation and Sri Lanka with respect to the rights of indigenous peoples.

15. In its concluding observations on the Russian Federation adopted in May 2011, the Committee expressed concern at the lack of concrete outcomes of the new policy adopted in February 2009 for the sustainable development of the indigenous peoples in the North, Siberia and the Far East of the Russian Federation and the corresponding action plan for 2009-2011. The Committee was also concerned that changes to federal legislation regulating the use of land, forests and water bodies, in particular the revised Land (2001) and Forest (2006) Codes and the new Water Code, deprive indigenous peoples of the right to their ancestral lands, fauna and biological as well as aquatic resources, on which they rely for their traditional

economic activities, through granting of licences to private companies for development of projects such as the extraction of subsoil resources.

16. The Committee recommended to the State party to:

(a) Incorporate into the revised Land Code and the new revised draft Law on Territories of Traditional Nature Use the right of indigenous peoples to their ancestral lands and the right to free access to natural resources on which indigenous communities rely for their subsistence into the Forest and Water Codes;

(b) Seek the free informed consent of indigenous communities and give primary consideration to their special needs prior to granting licences to private companies for economic activities on territories traditionally occupied or used by those communities;

(c) Ensure that licensing agreements with private entities provide for adequate compensation of the affected communities;

(d) Intensify its efforts to effectively implement the federal target programme for the economic and social development of the indigenous peoples, extend it to all peoples that self-identify as "indigenous";

(e) Adopt and implement by the next periodic report the new revised draft Law on Territories of Traditional Nature Use of Indigenous Numerically Small Peoples of the North, Siberia and the Far East of the Russian Federation.

17. The Committee also urged the State party to consider ratifying ILO Convention No. 169 concerning Indigenous and Tribal Peoples in Independent Countries (E/C.12/RUS/CO/5, para. 7).

18. In its concluding observations on Sri Lanka adopted in December 2010, the Committee expressed concern that the conversion of the Veddahs's traditional land into a national park has led to their socio-economic marginalization and impoverishment, Veddahs having been prohibited access to their traditional hunting grounds and honey sites. The Committee was also concerned that Veddahs were highly stigmatized in the State party, in particular Veddah children, who are the victims of ostracism in the school system and often employed in hazardous occupations.

19. The Committee urged the State party to ensure that the Veddahs can return to and remain undisturbed on the lands from which they were evicted, in particular in the Maduru Oya reserve, to establish a State authority for the representation of Veddahs, which should be consulted and should give consent prior to the implementation of any project or public policy affecting their lives. The Committee also recommended that the State party consider ratifying ILO Convention No. 169 (1989) concerning Indigenous and Tribal Peoples in Independent Countries (E/C.12/LKA/CO/2-4, para. 11).

III. Consideration by the Human Rights Council of the question of realization of the right of peoples to self-determination

20. At its sixteenth session, held from 28 February to 25 March 2011, the Human Rights Council considered the question of the realization of the right of peoples to self-determination under agenda item 7 and adopted resolution 16/30 on the right of

the Palestinian people to self-determination. The Council reaffirmed the inalienable, permanent and unqualified right of the Palestinian people to self-determination and urged all Member States and relevant bodies of the United Nations system to support and assist the Palestinian people in the early realization of their right to self-determination.

IV. Referendum on the right of self-determination of the people of South Sudan

21. On 9 January 2011, the people of South Sudan voted in a referendum to secede from the rest of the Sudan. A total of 98.83 per cent of all voters chose independence. The results were immediately accepted by the ruling National Congress Party and later endorsed by the national legislature. The national Government of the Sudan and the autonomous Government of South Sudan have since been preparing for the transition to the post-Comprehensive Peace Agreement period and the independence of South Sudan. The parties to the peace agreement have reiterated their commitment to resolving the remaining issues pertaining to the Comprehensive Peace Agreement, including border arrangements, border demarcation, citizenship, wealth- and asset-sharing, and security arrangements.

22. At the announcement of the results of the referendum on the right of self-determination of the people of South Sudan on 7 February 2011, the Secretary-General of the United Nations commended the partners of the Comprehensive Peace Agreement, the Government of the Sudan, and the Government of South Sudan for keeping their commitment to maintain peace and stability throughout the process, and urged them to build on the momentum generated by the successful conduct of the referendum to reach an agreement on post-referendum arrangements, including Abyei, expeditiously and in the same spirit of cooperation.

V. Situation concerning Western Sahara

23. In his latest report to the Security Council on the situation concerning Western Sahara, the Secretary-General noted (see S/2011/249, para. 21) that while the two parties to the conflict, Morocco and the Frente Polisario, continued to meet at regular intervals to discuss factors affecting the negotiating atmosphere and specific subjects of mutual interest, no progress was registered on the core issues of the future status of Western Sahara and the means by which the self-determination of the people of Western Sahara was to occur. In recognition of the fact that, arrival at a final status on which the population of Western Sahara, both inside and outside the Territory, has not clearly and convincingly expressed its view is likely to engender new tensions in Western Sahara and in the region, the Secretary-General recommended three initiatives to the parties, with respect to the representation and the issues to be discussed during their future talks (ibid., para. 120).

24. In its resolution 1979 (2011) extending the mandate of United Nations Mission for the Referendum in Western Sahara until 30 April 2012, the Security Council reaffirmed its commitment to assist the parties to achieve a just, lasting, and mutually acceptable political solution, which will provide for the self-determination of the people of Western Sahara in the context of arrangements consistent with the principles and purposes of the Charter of the United Nations, and called on the

parties to continue to show political will and work in an atmosphere propitious for dialogue in order to enter into a more intensive and substantive negotiating phase by, inter alia, devoting attention to the above-mentioned initiatives proposed by the Secretary-General in paragraph 120 of his report (S/2011/249).

VI. Conclusion

25. **The right of self-determination is enshrined in article 1 of the International Covenant on Civil and Political Rights and article 1 of the International Covenant on Economic, Social and Cultural Rights. During the reporting period, the Human Rights Council as well as the human rights treaty bodies have continued to address issues related to the realization of the right.**

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Social development: follow-up to the International Year of Older Persons: Second World Assembly on Ageing

Follow-up to the Second World Assembly on Ageing

Report of the Secretary-General

Summary

The present report focuses on the situation of the human rights of older persons in all regions of the world. It offers an overview of some challenges faced by older women and men in the enjoyment of their rights and outlines examples of Government responses to those challenges. It also offers an illustrative collection of legislation, policies and programmes and describes key human rights issues, including, but not limited to, discrimination, violence and abuse, social protection, long-term care, age-specific services, participation, access to justice and life-long pensions.

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I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 65/182 entitled "Follow-up to the Second World Assembly on Ageing". In paragraph 31 of that resolution, the Assembly requested the Secretary-General to prepare a report on the implementation of the resolution, including on the situation of the rights of older persons in all regions of the world. On 3 February 2011, the Office of the United Nations High Commissioner for Human Rights (OHCHR) sent a note verbale to Member States, relevant bodies and organizations of the United Nations system, as well as intergovernmental and non-governmental organizations and national human rights institutions to inform them about the report. The note verbale included a questionnaire of nine points, soliciting observations and information on existing legislation, policies and programmes related to various human rights issues related to older persons. Written contributions were received from 41 States, 8 United Nations entities, 20 national human rights institutions and 10 non-governmental organizations, coalitions and other groups. A full list of respondents and all submissions to the report may be viewed on the OHCHR website.[1] In this regard, it should be noted that the submissions cover a wide diversity of national, legal, social and economic situations and that, while acknowledging that older persons are clearly a heterogeneous group, the situation of older persons between and within Member States varies widely.

2. The report is organized into three sections. Section II below outlines the current situation and the challenges faced by older persons in all regions of the world. Section III presents an overview of the existing international framework, including binding international human rights instruments, and discusses some of the principles, standards and obligations of States parties that are applicable to older persons. Section IV offers a collection of examples from the submissions to the report, covering several specific issues and areas of relevance to older persons. In addition, conclusions and recommendations are presented in section V.

II. Current situation and challenges

3. The composition of the world population has changed dramatically in recent decades. Between 1950 and 2010 life expectancy worldwide rose from 46 to 68 years, and it is projected to increase to 81 by the end of the century.[2] It should be noted that at present women outnumber men by an estimated 66 million among those aged 60 years or over. Among those aged 80 years or over, women are nearly twice as numerous as men, and among centenarians women are between four and five times as numerous as men. For the first time in human history, in 2050, there will be more persons over 60 than children in the world.

4. Almost 700 million people are now over the age of 60. By 2050, 2 billion people, over 20 per cent of the world's population, will be 60 or older. The increase in the number of older people will be the greatest and the most rapid in the developing world, with Asia as the region with the largest number of older persons, and Africa facing the largest proportionate growth. With this in mind, enhanced

[1] For all submissions see http://www.ohchr.org/EN/Issues/OlderPersons/Pages/Submissions.aspx.

[2] *World Population Prospects: The 2010 Revision*, available from http://esa.un.org/unpd/wpp/unpp/panel_indicators.htm.

attention to the particular needs and challenges faced by many older people is clearly required. Just as important, however, is the essential contribution the majority of older men and women can continue to make to the functioning of society if adequate guarantees are in place. Human rights lie at the core of all efforts in this regard.

5. During the last decade, population ageing has led to the introduction of new policies and programmes, in which the social sector has taken centre stage, as shown by the majority of contributions to the present report. Many Governments in developed and developing economies have designed or piloted innovative policies in the health, social security or welfare systems. In addition, several policy framework documents, including national plans of action on ageing have been enacted. Specific age-related legislative measures in areas as varied as building codes, licensing and monitoring of care centres and vocational training have also begun to emerge. All levels of government, from local to national, have taken a share in this responsibility, and have either created new institutions or renewed existing ones to seek ways of gradually responding to the challenges faced by older persons.

6. Government institutions have chosen diverse approaches in setting priorities. These choices highlight different perceptions of the role that older people play in the family and in society at large. In some cases, measures aim to capture the rapidly evolving dynamics of communities and societies, inviting a second look at current perceptions about older persons and work, elder-care mechanisms, intergenerational support systems and financial constraints. Some Governments have designed policies founded on the principle of active ageing and autonomy, aimed at facilitating the continuation of independent lives at home, with services and facilities that cater for various types of needs. Others emphasize family ties and support for the family unit as the primary source of care for older persons. In all cases, a network of private actors, including various volunteer organizations and community-based centres, are essential to the smooth functioning of the entire system.

7. Of special resonance is the situation of older women[3] who face inequalities as a result of their gender-based roles in society. Gender relations structure the entire life cycle, influencing access to resources and opportunities, with an impact that is both ongoing and cumulative. The different circumstances that shape the lives of women and men in old age are the outcome of a lifetime of experience. Good health, economic security, adequate housing, an enabling environment, access to land or other productive resources, these are the fundamentals of ageing with dignity, yet achieving them depends on decisions and choices only partly determined by each individual. The impact of gender inequalities in education and employment becomes most pronounced in old age. As a result, older women are more likely than older men to be poor. Furthermore, older women often take on greater responsibilities for family care while managing inflexible working conditions, mandatory retirement ages and inadequate pensions and other social security benefits, which leave them, and those in their care, extremely vulnerable. Without doubt, ageing, its human rights challenges and its feminization constitute an unprecedented shift in the social fabric of all societies, with far-reaching consequences.

[3] See CEDAW/C/2010/47/GC.1, general recommendation No. 27 (unedited version).

8. Although numerous challenges were identified in the submissions for the report, the following four appeared repeatedly and consistently around the world: (a) poverty and inadequate living conditions; (b) age-related discrimination; (c) violence and abuse; and (d) lack of special measures, mechanisms and services.

Poverty and living conditions

9. The single most pressing challenge to the welfare of older persons is poverty, including the often inadequate living conditions of older persons. Homelessness, malnutrition, unattended chronic diseases, lack of access to safe drinking water and sanitation, unaffordable medicines and treatments and income insecurity are just a few of the most critical human rights issues that a large number of older persons confront on a daily basis.

10. Several States have recognized the relatively low standard of living among older persons as compared to other segments of the population, including the prevalence of poverty, and even extreme poverty. Oftentimes, despite lower income levels, older persons may be the main providers for the household and the primary caregivers, including for the care of grandchildren and other members of the family.

11. Submissions to the report also point to gaps in the provision of services between urban and rural settings, and also within cities, in suburban and slum areas. Access, affordability and quality of services constitute a critical concern in those areas. Social and medical services, for example, particularly in remote and sparsely populated villages, pose additional challenges to the system, despite the existence in some countries of mobile services teams that provide home-based social services.

12. This subject is also linked with living arrangements. Rapidly changing social and economic patterns and the nuclearization of families have frequently been cited as a reason for a perceived decline in family support for older persons. In some cases, this change has created an unmet need for more residential homes and shelters. Some societies are coping with large migratory movements, where the elderly are left behind, or responsible for the care of orphaned grandchildren as a result of HIV/AIDS. Their contributions as caregivers are often unrecognized, their remittances unpredictable and care for themselves and others is expected to carry on without sources of income.

Discrimination

13. Another persistent challenge in both developed and developing countries is stigma and discrimination. While the essential role older persons can play as custodians of culture and history is recognized, paradoxically, many contributions to the report acknowledged that prejudice against and stigmatization of older persons ("ageism") are broadly tolerated in societies across the world. Ageism is widespread in recruitment, and legislation by itself has not eliminated age-related employment discrimination. A common complaint brought to national human rights institutions by ageing and older persons was being declined employment, interviews or other opportunities to find work as a consequence of age.

14. When age is shaped by other dimensions that define identity in different societies, including sex, race and ethnicity, religion, disability, nationality, health or socio-economic conditions, multiple discrimination occurs, with a consequent impact on the enjoyment of all human rights. Submissions to the report underscored

the situation of older persons who are poor, living in rural areas, suffering from chronic diseases or other health conditions or living with disabilities, as well as that of divorced, widowed or single older women.

Violence and abuse of older persons

15. Contributions also point to the incidence and impact of violence and abuse on the quality of life and health of older persons. Elder abuse, generally defined as physical, emotional or sexual abuse by someone in a position of trust, occurs worldwide. Its numerous forms include forced guardianship, as well as physical and sexual violence in care centres, hospitals or within the family. There are also specific threats related to traditional beliefs, including violence as a result of accusations of sorcery and violence against particularly vulnerable older persons such as migrants, older persons with disabilities, older persons in conflict situations and older persons living in poverty, particularly the homeless.

Lack of specific measures and services for older persons

16. There can be no question that the provision of services and the design of special measures have a bearing on the enjoyment of a broad spectrum of human rights. In this context, there is a lack of resources and facilities to cope with increasing demands, particularly for specialized services such as residential centres, home-care programmes or geriatric services. While this phenomenon can manifest itself differently in various contexts, it is not confined to any one region. In some cases, Member States recognize the lack of sufficient residential centres, particularly outside capitals. In other cases, there is chronic overcrowding or an insufficient supply of adequately trained medical and nursing personnel. Some submissions to the report emphasized the importance of budget allocations for the provision of such services in order to respond to the ever increasing demand.

III. International norms and standards related to the rights of older persons

International political instruments

17. The international community started to highlight the situation of older persons in the Vienna International Plan of Action on Ageing, adopted at the World Assembly on Ageing in 1982. The 1991 United Nations Principles for Older Persons, the 1992 Global Targets on Ageing for the Year 2001 and the 1992 Proclamation on Ageing further advanced international understanding of essential requirements for the well-being of older persons.

18. The Political Declaration and the Madrid International Plan of Action on Ageing, 2002, adopted at the Second World Assembly on Ageing, and endorsed by the General Assembly in its resolution 57/167, reinvigorated the political consensus on an agenda on ageing, emphasizing development and international cooperation and assistance in this area. Since its adoption, the Madrid International Plan has guided the drafting of policies and programmes at the national level, inspired the development of national and regional plans and provided an international framework for dialogue.

19. In the Political Declaration adopted in Madrid, Member States reaffirmed their commitment to the promotion and protection of human rights, and called for the elimination of age discrimination, neglect, abuse and violence. More specifically, the Madrid International Plan contained guidance on the right to work, the right to health, participation and equality of opportunity throughout life, stressing the importance of the participation of older persons in decision-making processes at all levels.

20. The priorities set out in the Madrid International Plan of Action include a wide range of issues: equal employment opportunities for all older persons; programmes that enable all workers to acquire social protection and social security, including, where applicable, pensions, disability insurance and health benefits; and sufficient minimum income for all older persons, with particular attention to socially and economically disadvantaged groups. The importance of continuous education, vocational guidance and placement services are also stressed, including for the purpose of maintaining a maximum functional capacity and enhancing public recognition of the productivity and the contributions of older persons. Health is also a key feature of the Madrid Plan of Action. The provisions encompass notions of prevention, equal access to health care, active participation, the impact of HIV/AIDS in respect to older persons and the full functionality of supportive and care-giving environments.

Binding international instruments

21. There are numerous obligations vis-à-vis older persons implicit in most core human rights treaties[4] despite the lack of specific provisions focusing on them. Such instruments apply to older persons in the same way as to all other people, providing protection for essential human rights, including the right to the enjoyment of the highest attainable standard of physical and mental health, freedom from torture, inhuman or degrading treatment and equality before the law as well as for an adequate standard of living without discrimination on any grounds.

22. Nevertheless, explicit references to age in core international human rights treaties are scarce. While universal human rights instruments have been dedicated to several categories of persons, for example, women or persons with disabilities, there is no such instrument for older persons, and only a few instruments contain explicit references to age: (a) the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families includes "age" in the list of grounds for discrimination (article 7); (b) the Convention on the Rights of Persons with Disabilities includes references to older persons in article 25 (b) on health, and in article 28 (2) (b) on an adequate standard of living and social protection, and there are additional references to age-appropriate access to justice in article 13 and to age-sensitive measures of protection in article 16; and (c) the Convention on the Elimination of All Forms of Discrimination against Women includes a reference to

[4] The International Covenant on Economic, Social and Cultural Rights (General Assembly resolution 2200A (XXI)), the International Covenant on Civil and Political Rights (General Assembly resolution 2200A (XXI)), the Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180), the International Convention on the Elimination of All Forms of Racial Discrimination (United Nations, *Treaty Series*, vol. 660, No. 9464) and the Convention on the Rights of Persons with Disabilities (General Assembly resolution 61/106).

old age in relation to the elimination of discrimination against women in the enjoyment of the right to social security in article 11.1 (e).

23. Since the prohibition of discrimination is one of the pillars of international human rights law, de jure and de facto discrimination against any individual must be at the centre of any human rights analysis. Discrimination is defined as any distinction, exclusion or restriction that has the purpose or the effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.[5]

24. At the international level, while "age" is not explicitly listed as a prohibited ground of discrimination in most human rights treaties, the lists are illustrative and non-exhaustive, and usually include an open-ended category ("other status") under which treaty bodies consider age-related discrimination.

25. The explicit inclusion of age as a form of discrimination by the International Labour Organization (ILO) had to await the adoption of the Older Workers Recommendation No. 162 in 1980,[6] which called for measures to prevent discrimination in employment and occupation within the framework of a national policy to promote equality of opportunity and treatment of workers, whatever their age. Additionally, the ILO Termination of Employment Recommendation No. 166 of 1982[6] stated that age should not constitute a valid reason for termination, subject to national law and practice regarding retirement.

26. The Committee on Economic, Social and Cultural Rights has consistently taken a similar approach, holding that age is "a prohibited ground of discrimination in several contexts".[7] The Committee has also highlighted the need to address discrimination against unemployed older persons and against older persons living in poverty with unequal access to universal old-age pensions owing to their place of residence.[8]

27. Significantly, article 26 of the International Covenant on Civil and Political Rights provides for the protection of equality before the law, including a guarantee for effective protection against discrimination on any other ground. The Human Rights Committee has voiced the opinion that "a distinction related to age which is not based on reasonable and objective criteria may amount to discrimination on the ground of 'other status'" under article 26, and has confirmed this approach in a number of individual communications.[9]

28. The Human Rights Committee has further clarified that article 26 encompasses the prohibition of discrimination in law or in practice in any field regulated and protected by public authorities, whether the legislation related to an article in the

[5] See for example the Convention on the Elimination of All Forms of Discrimination against Women, article 1, and the Convention on the Rights of Persons with Disabilities, article 2.

[6] Available from http://www.ilo.org/ilolex.

[7] See Committee on Economic, Social and Cultural Rights, general comment No. 20, "Non-discrimination in economic, social and cultural rights" (E/C.12/GC/20, para. 29).

[8] See also Committee on Economic, Social and Cultural Rights, general comment No. 6, "The economic, social and cultural rights of older persons" (E/1996/22, annex IV, para. 22).

[9] See Human Rights Committee, *Love et al. v. Australia*, Communication No. 983/2001, *Schmitz-de-Jong v. The Netherlands*, Communication No. 855/1999, *Solis v. Peru*, Communication No. 1016/2001 and *Althammer et al. v. Austria*, Communication No. 998/2001 (available from http://www2.ohchr.org/english/bodies/hrc).

International Covenant on Civil and Political Rights or any other area, including a right under the International Covenant on Economic, Social and Cultural Rights.[10]

29. Beyond the prohibition of discrimination on the ground of age, human rights mechanisms have also identified older persons as being a vulnerable group requiring special measures of protection. Specifically, article 16 (2) of the Convention on the Rights of Persons with Disabilities requires "age-sensitive" assistance and support for persons with disabilities and their families to prevent exploitation, violence and abuse, thereby recognizing the particular situations where older persons are vulnerable.

30. Some treaty body monitoring mechanisms have applied existing provisions to protect the rights of older persons, notably the Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women, by providing interpretative guidance on existing norms. In 1995, the Committee on Economic, Social and Cultural Rights adopted general comment No. 6[8] offering the first detailed interpretation of the specific obligations of States parties to the International Covenant on Economic, Social and Cultural Rights regarding older persons and their rights. More recently, in 2010, the Committee on the Elimination of Discrimination against Women adopted general recommendation No. 27[3] on older women and the protection of their human rights under the Convention.

31. In relation to specific rights, the International Covenant on Economic, Social and Cultural Rights provides for several specific rights relevant to the challenges older persons face, such as the right to the enjoyment of the highest attainable standard of physical and mental health (article 12), the right to social security (article 9), the right to adequate standard of living, including food, clothing and housing (article 11), the right to work (articles 6 and 7) and the right to education (article 13). The content of these rights is briefly outlined in the next paragraphs.

32. The International Covenant on Economic, Social and Cultural Rights sets forth the most comprehensive provision on the right to the enjoyment of the highest attainable standard of physical and mental health — the right to health — in an international human rights treaty. Equally relevant are the Convention on the Elimination of All Forms of Discrimination against Women, article 12, concerning the obligation of States to eliminate discrimination against women in health care; the Convention on the Rights of Persons with Disabilities, article 25 (b), which requires that health services be "designed to minimize and prevent further disabilities, including among children and older persons"; and the International Covenant on Civil and Political Rights, article 7, which prohibits torture or cruel, inhuman or degrading treatment or punishment and includes the prohibition of medical or scientific experimentation without free consent.

33. The Committee on Economic, Social and Cultural Rights has reaffirmed the importance of an integrated approach, combining elements of preventive, curative and rehabilitative health treatment, based on periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically

[10] Human Rights Committee, *FH Zwaan-de Vries v. The Netherlands*, Communication No. 182/1984 (CCPR/C/29/D/182/1984).

and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity.[11]

34. The right to an adequate standard of living, including adequate food and housing, and the continuous improvement of living conditions is provided for in the International Covenant on Economic, Social and Cultural Rights, article 11.1, and there is similar language in article 28 of the Convention on the Rights of Persons with Disabilities. With regard to the right to housing, the Committee on Economic, Social and Cultural Rights has endorsed some of the recommendations contained in the Vienna International Plan of Action on Ageing,[12] noting that national policies should help older persons to continue to live at home and ensure their social integration, facilitating mobility and communication through the provision of adequate means of transport.[13]

35. The right to social security, including social insurance, is enshrined in various instruments, notably in: article 9 of the International Covenant on Economic, Social and Cultural Rights, in general terms; in article 11.1 (d) and (e) of the Convention on the Elimination of All Forms of Discrimination against Women, which provides for equality and non-discrimination of women, particularly in cases of retirement, unemployment, sickness, invalidity and old age; and in article 28.2 of the Convention on the Rights of Persons with Disabilities, which provides for the enjoyment of social protection on an equal basis with others, and also for older persons with disabilities to have access to social protection and poverty reduction programmes.

36. In 2010, the independent expert on the question of human rights and extreme poverty addressed the issue of non-contributory or social pensions of older persons as an important dimension of social security systems. Her report stressed the low coverage of contributory pension schemes and provided recommendations to ensure that non-contributory pensions comply with core human rights standards.[14]

37. Regarding the right to work, articles 6 and 7 of the International Covenant on Economic, Social and Cultural Rights spell out the scope and content of the right and state that everyone is entitled to opportunity to gain his/her living by freely chosen work, under just and favourable working conditions and with fair wages and equal remuneration for equal work. In its general comment No. 6, the Committee on Economic, Social and Cultural Rights urged States to take measures to prevent discrimination on the grounds of age in employment and occupation and to develop retirement programmes (paras. 22-25). General comment No. 19 (para. 15) stressed the need for appropriate retirement ages, which should be established by States, and general recommendation No. 27 of the Committee on the Elimination of Discrimination against Women highlighted the importance of paid work for older women.

38. Regarding the right to education, as underlined by the Committee on Economic, Social and Cultural Rights, in relation to article 13 of the International

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[11] See Committee on Economic, Social and Cultural Rights, general comment No. 14, "The right to the highest attainable standard of health" (E/C.12/2000/4, paras. 25, 34 and 35).

[12] Similar references are also found in the Madrid International Plan of Action on Ageing, see *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II, priority direction III.

[13] See E/1996/22, annex IV, para. 33.

[14] See A/HRC/14/31.

Covenant on Economic, Social and Cultural Rights[15] in the case of older persons, States should follow two complementary lines: (a) ensuring the right of older persons to benefit from educational programmes; and (b) making the know-how and experience of older persons available to younger generations. The Committee recalled the United Nations Educational, Scientific and Cultural Organization (UNESCO) concept of life-long education, which includes informal, community-based and recreation-oriented programmes for older persons in order to develop their sense of self-reliance and the community's sense of responsibility.

39. Other relevant provisions that can potentially benefit older persons, even if they do not specifically address their concerns, are to be found in the Convention on the Rights of Persons with Disabilities, including: article 9 on accessibility; article 12 on equal recognition before the law, including in relation to appropriate measures to support the enjoyment and exercise of legal capacity; article 19 on living independently and being included in the community, including choice of place of residence on equal basis with others and access to a range of in-home, residential and other community support services; article 20 on personal mobility, including access to mobility aids, devices, assistive technologies and specialist staff; and article 26 on habilitation and rehabilitation to maintain maximum independence.

IV. National responses to specific human rights issues

40. Older persons are not a homogenous group and should not be treated as such. The experience of old age is different for men and women, and it also differs significantly between someone in his or her 60s or 80s. Health conditions, security of income, opportunities for work, leisure and participation, social and environmental adaptations and autonomy and freedom to decide on matters central to their well-being can greatly determine the way in which each individual leads a life with dignity regardless of age.

41. Nevertheless, what older persons share, as a group, is the experience of living within societies in which stereotyping, the attribution of lesser value, political disempowerment and economic and social disadvantage often accompany ageing. In this context, laws and policies to enhance the respect, protection and fulfilment of all human rights, regardless of age, are as essential as specific measures and mechanisms to accommodate their needs and tailor services, goods and facilities to all ages.

A. National laws and policies

42. In general terms, a number of constitutions expressly recognize the principles of equality and non-discrimination vis-à-vis older persons, albeit in various terms and to different degrees. Some include an explicit reference to "age" as a forbidden ground of discrimination, while others guarantee protection under the general non-discrimination clause of "any other grounds". A few constitutions also contain explicit references to older persons and specific rights, including recently drafted constitutions which include provisions for the protection of older persons against violence and abuse, life-long pensions and care, cultural rights and participation.

[15] See E/1996/22, annex IV, paras. 36 and 37.

43. Submissions to the present report also list and discuss numerous laws containing specific provisions for the protection of the human rights of older persons. In some cases, national legislation has been enacted based on regional directives addressing non-discrimination.[16]

44. In several countries, the provision of services and the implementation of specific policies are decentralized and reside with local governments. In part the rationale behind decentralization presumes a better understanding of the needs and constraints at the local level, as well as closer links to the beneficiaries. In such cases, local governments define a list of services and bear legal responsibility for ensuring assistance for the early detection of violence or abuse and for reporting and responding to such situations. In addition, there are specific community decrees and regulations to combat discrimination based on age.

45. Nevertheless, decentralization without sufficient funding or effective powers does not always ensure a better outcome. For instance, the delay in the delegation of powers to provinces to implement dedicated legislation or programmes is underlined as one of the main reasons for critical delays in implementation. Other prerequisites to effective implementation include: substantial increases in funding; training of social workers to meet the critical shortage of such workers; cooperation among government departments and service providers; and the state of readiness of provinces to implement specific policies and programmes.

46. In various submissions, it is made clear that new legislation and policies jointly address the situations of older persons and persons with disabilities. Some States have created special offices for both older persons and persons with disabilities, applying a similar approach and joint initiatives to those groups. Those bodies have also carried out awareness-raising media campaigns for both population groups on television and radio, aiming at countering stigma.

47. The link between older persons and persons with disabilities merits consideration. While not all older persons will experience a disability, and ageing cannot be equated with disability, some older persons also have disabilities. There is no doubt that ageing can be accompanied by physical, mental, intellectual or sensory impairment and that some measures that address issues such as mobility, supported decision-making, legal capacity or home-based care can respond to various human rights issues affecting both older persons and persons with disabilities. However, failure to establish and address issues specific to each group or to enact policies for older persons and to devote adequate financial and human resources to their needs creates the risk of neglect. Some challenges confronted by older persons who do not have disabilities may also leave them without access to policies or measures to ensure them the enjoyment of all their rights on an equal basis with others.

48. A small number of States have designed comprehensive and multisectoral mechanisms in their response to ageing populations since the 1990s, investing considerable resources and incorporating lessons learned and pilot projects. In such cases, a series of laws, regulations and policies intended to safeguard social security,

[16] See for example the principle of equal treatment in relation to age as set out in the European Council directive establishing a general framework for equal treatment in employment and occupation (Council Directive 2000/78/EC of 27 November 2000).

health, culture, education, sports and community involvement for older persons has been set.

49. Finally, for the purpose of designing and assessing laws and policies, the collection and systematic analysis of information disaggregated by age is crucial. Without accurate, regularly updated data, the integration of all human rights obligations, including the monitoring of discrimination, may be ineffective or obsolete. Quantitative data, such as socio-economic statistics, offer an overview of the situation, but may also at times mask inequality. Unfortunately, age-disaggregated information is not widely available.

50. The need to improve national systems of statistics/data collection, particularly statistics on persons aged 60 and above, is pressing. A handful of Governments have taken steps in response to this challenge, including the creation of a statistical indicator system for ageing workers, which provides basic data for formulating plans and assessment mechanisms. In the same vein, some Governments have commissioned studies to assess the living conditions of older persons, while others have added a module on older persons in periodic multi-purpose household surveys. Others have created specific databases on older persons living in care facilities.

B. Discrimination

51. Contributions to the report covered a range of initiatives and measures put in place to eliminate discrimination against older persons, particularly as it relates to employment, retirement, vocational training and membership in professional or community organizations. Some States have developed legislation to combat age-related discrimination when a distinction is not objectively justified for a legitimate purpose. Interestingly, some anti-discrimination laws also address indirect discrimination, or the existence of a criteria, practice or provision that is apparently neutral but which disadvantages a person of a specific age. Creative initiatives to combat stigma, discrimination and violence against older persons have included a documentary portraying a positive and holistic image of ageing and the publication and wide distribution of leaflets to increase awareness about abuse and dementia-related stigma and discrimination. Also, in a few countries, courts have upheld the principle of age discrimination as prohibited.

C. Violence and abuse

52. Many older men and women experience threats to their rights to life, health, liberty and security of person in the form of violence and abuse in their homes, in care facilities or in their communities, including violent attacks resulting from traditional beliefs. Violence against women, more specifically, has been understood to encompass, but is not limited to, physical, sexual and psychological violence occurring in private or public settings, or perpetrated or condoned by the State, wherever it occurs.[17] Closely linked with discrimination and disempowerment, violence often goes unreported and under-documented as older persons are reluctant or unable to report incidents.

[17] General Assembly resolution 48/104.

53. In general terms, State contributions from all regions in the world acknowledge the complexity and multilayered nature of this phenomenon. Some underlying factors include increasing dependence, isolation and vulnerability, as well as arbitrary seclusion, restraint, lack of financial means or abandonment. There is also recognition of the intrinsic link between age, some forms of cognitive impairment and mental disabilities and neglect. Oftentimes public services available to aid victims of violence, domestic violence or gender-based violence are also mandated to provide services to older victims, including social and psychological support. However, adequate skills and capacities to address specific kinds of elder abuse or to provide alternative arrangements may be lacking.

54. Some Governments, ranging from low to high income levels, have created specific entities and policies to combat elder abuse. Examples include national and community-based organizations specifically created to cater for older persons, offering a variety of services, including hotlines, emergency medical assistance, temporary shelters and legal aid. These also include referral systems, access to information and counselling, on-site inspections at care facilities, home-based professional aid and the submission of anonymous claims. Some Governments have launched large campaigns to combat abuse against older persons. Current programmes also include initiatives such as the compulsory certification of good conduct for paid carers and guidelines for carers, including the introduction of a duty to report elder abuse.

55. Allegations of practicing witchcraft must be placed in the context of gross incidents of abuse and neglect by family and community members. With regard to violence as a result of such allegations, some Governments have established welcome centres around the country for older women who have been abandoned or excommunicated by their families or communities. However, there are no special measures to combat the phenomenon of old, widowed women becoming targets of their own families or communities.

D. Financial exploitation

56. The Madrid Plan of Action on Ageing, 2002, notes that neglect, abuse and violence against older persons takes many forms, physical, psychological, emotional and financial, and that it occurs in every social, economic, ethnic and geographic sphere. As noted in several submissions, older persons continue to face multiple threats to their property, income or goods, which include fraud, arbitrary deprivation of their property, theft, expropriation of their land, property or goods and fraudulent loss of the enjoyment and exercise of their legal capacity, with the purpose of taking control of their financial affairs.

57. Some initiatives to protect the right of older persons to exercise their legal capacity have been reported. Examples include reforms of the juridical protection of older persons considered vulnerable, including new laws about legal guardianship and guarantees for the provision of their consent for decisions concerning their lives and their property. In some cases, older persons can decide in advance who will be in charge of their guardianship and be responsible for their property and well-being.

E. Health

58. The health sector is central to the situation of older persons. Government responses have focused on various issues, including subsidies for medicines, user fee exemptions, health insurance schemes, special services, including geriatric-specific departments, focused attention on certain chronic diseases, training of personnel and research and policies to address mental health issues, notably dementia and, specifically, Alzheimer's disease.

59. Some national health policies have been adjusted to address the increasing level of chronic diseases that often affect older persons. A few countries have taken steps to ensure that every person older than 65 is entitled to a free medical check-up on a regular basis, including diagnosis of and treatment of chronic diseases. In-house services as well as itinerant services are reportedly available in urban and rural centres. A few Governments have also established national health funds, handing out health cards to claim reduced costs for medication, while others have developed mechanisms to ensure adequate consent for services and treatment by older patients.

60. In spite of the array of examples, many concerns have been expressed. Non-governmental organizations stress that older persons continue to be overlooked and deprioritized in health policies, programmes and resource allocation. Currently the discourse on health care in low- and middle-income countries remains strongly focused on maternal and child health, and for that reason health issues throughout the course of life, including those of older persons, are absent from the debate. There is also limited attention to non-communicable diseases, despite the fact that ageing is a key driver of such diseases and that they mainly occur in older age. Additionally, the cost of accessing health care and medicines still remains prohibitive for many of the most marginalized older women and men.

61. The challenges to Member States, particularly low- and middle-income countries, include: lack of comprehensive health policies, including prevention, rehabilitation and care of the terminally ill; the fact that few national plans or strategies on healthy and active ageing guarantee shelter, essential food, sanitation, potable water and essential medicines; lack of legal frameworks to monitor human rights violations in long-term care facilities; and lack of specific measures to avoid pain and provide palliative care that allow the terminally ill to die with dignity.

62. Older persons tend to approach health-care centres at advanced stages of an illness. This is often the result of lack of access to health care, including the distance and cost of travelling to a facility, especially in rural areas where infrastructure is underdeveloped, distances are vast and transportation is problematic; overcrowding of primary health centres; inadequate public health education, including delays in seeking health care when older persons or their families attribute symptoms of a disease to ageing; understaffing and inadequate skills of health professionals; and shortage of medication.

F. Long-term care and home care

63. In the context of reforming the health-care and social services sectors, long-term care represents a key area for intervention where much remains to be developed. In some States measures have been implemented with the aim of

widening the range of options available to potential users of long-term care services and supporting the deinstitutionalization of the long-term care sector by promoting home care and improving end-of-life care. However, long-term care is still inadequate, and it suffers from labour shortages and low quality services.

64. In some submissions it was noted that certain States have created long-term care insurance systems that provide benefits for health and medical services, public welfare and care for long-term diseases or other impediments caused by ageing, including the maintenance of independent daily living. Other submissions noted that the provision of long-term care (for example, treatment, assistance with everyday tasks, home nursing for older persons with chronic illnesses) is divided between the health-care and welfare systems. These services may be organized and financed by local governments, although there is also a large portion of such services provided by the private sector (non-profit associations, foundations and businesses), which are not always subject to central planning or monitoring, and hence neither structural nor sustainable.

65. Home care and home support programmes are essential for individuals whose daily functioning is compromised. These services contribute to the exercise of numerous rights, such as the right to health and freedom of movement. They enhance independence and quality of life. However, some programmes available to persons with disabilities and to older persons offer varying ranges of support options. In some cases eligibility criteria for home support services may differ: some criteria exclude persons with disabilities while others exclude older persons, even though the same services might be required for both groups. In some jurisdictions, when individuals are registered as disabled within the health sector, they may lose that status (along with financial benefits) when they become older.

G. Social security and social protection

66. The full spectrum of examples provided on retirement age, conditions and criteria is wide and would require a country-by-country analysis. It is worth noting, however, that there are two important factors: first, differences based on gender continue to exist; for example in cases where the retirement age for women is lower than that for men. Gradual increases in the retirement age of women to equalize it with that of men are currently under way in a few countries. Secondly, retirement age is at the centre of ongoing reforms, particularly in the European region.

67. ,Similarly, reforms of social security and reforms to cope with poverty among older persons are reportedly varied. There are examples of substantial increases in coverage and universal access to pensions by older persons, with a positive impact in the reduction of poverty. There are more modest examples, including: tax exemptions; subsidies for specific medicines; compensation for sanatorium expenses; the provision of aid devices and prosthetics; and the introduction of special measures to ensure soft loans for housing as part of basic social protection. Old-age cash transfers have also been introduced, and in some cases coverage has doubled in a few years. Life-long pensions for older persons, benefiting a large majority of persons who were not previously eligible for a retirement pension, are also on the agenda. The impact of some of these measures on the lives of the beneficiaries and other members of their households is reportedly positive,

particularly in ensuring the supply of regular meals and increased levels of self-subsistence.

68. Several States, particularly in the European region, have introduced pension reforms in recent years owing, at least partly, to the financial and economic crises. These reforms consider the future sustainability and adequacy of the pension system and they introduce an increase in the national retirement age, aiming at ensuring intergenerational solidarity and redistribution, and also at improving the old age protections guaranteed by the public system, including an adequate income after retirement.

H. Work

69. Some countries are enacting age discrimination legislation that explicitly forbids, prohibits or makes unlawful forms of direct and indirect age discrimination in employment. Examples include anti-discrimination acts covering workers aged 40 and above, with no upper age limit, which are aimed at promoting employment based on ability rather than age. Other countries have enacted affirmative action legislation under which businesses are required to ensure that a percentage of their workers are aged 55 or older, and identifying types of jobs for which hiring priority should be given to older persons.

70. At the regional level, the European Council directive establishing a general framework for equal treatment in employment and occupation (2000/78/EC), which includes age among other grounds for discrimination, has been adopted as part of many national laws. The directive requires that all Member States introduce legislation prohibiting direct and indirect discrimination at work based, inter alia, on age. It covers employment, self-employment and occupation, as well as vocational training and guidance. It will be an important matter, however, to follow up on how the directive is enforced.

I. Adult and continuous education

71. A number of continuous education initiatives, including cultural activity centres, computer and Internet programmes and vocational training, have been presented. Some illustrative examples include: specific policies that address access to life-long learning as part of learning for personal, social and occupational reasons and involve funding for research in that field; financial support to non-governmental organizations that provide access to information and education; and training in adult education. Pilot projects on active ageing in new social networks rely on volunteers willing to offer education on professional infrastructure and on cooperation across generations. In another example, a Government's response to the need for education led to the creation of "universities of the third age", with departments of law, health care, political and economic studies, psychology and agriculture.

J. Participation in policymaking, political and cultural life

72. From a human rights perspective, the direct and informed participation of older persons in the design of public policy is central to their integration as rights-

holders. Participation also constitutes a guarantee against social exclusion and isolation. Several Member States have emphasized the concept of "policies with older persons" in their multisectoral programming. They have created advisory councils to act as the official representative bodies for older people, taking up issues with public and private actors and taking part in policy debates in areas related to pension reform, social insurance, health care and long-term care. In some cases, States have developed national plans of action with the active participation of associations of retired persons.

73. The political participation of older persons is not only a right in and of itself, but also an important way of ensuring that they play an active role in society and that age-sensitive considerations in law and policy are included in national laws. Effectively, beyond setting a minimum age of majority, the right to vote and to be elected is not limited by age in most countries. In a number of States, many representatives on local and public councils are above 60 years of age, and older citizens traditionally participate actively in elections, are members of political parties and organize their own political movements and associations. Older men and women still play active roles in traditional chieftaincy systems, most notably in rural areas.

K. Access to justice and judicial remedies

74. Protection of human rights requires the effective functioning of a justice system, timely remedies for violations and specific guarantees that all persons are equal before the law and before courts.[18]

75. Some submissions note that specific measures have been developed to ensure access to justice for older persons, including: the provision of legal aid or dedicated bodies to assist them; deferral, reduction or exemption of litigation fees; special courts and jury systems to handle disputes involving older persons; human rights counselling services for older persons in welfare facilities; and grant loans to cover the expenses of trials.

76. In many countries, the role of national human rights institutions is of paramount importance. Increasingly, national human rights institutions are playing a critical role on the part of this population group owing, not least, to the fact that more claims from older persons are brought to their attention. Often, national human rights institutions have a broad mandate that includes the protection of older persons, the promotion of their rights and the elimination of any form of discrimination, including in several cases explicit references to age-related discrimination.

V. Conclusions and recommendations

77. There is global recognition of the particular human rights challenges older persons face. As the population continues to age and larger numbers of older persons are found in low- and middle-income countries, some of these challenges are bound to become more acute. Violence, abuse and neglect of older persons are a

[18] As provided for in the International Covenant on Civil and Political Rights (General Assembly resolution 2200 A (XXI)), articles 2.3 and 26.

matter of concern around the world. Age discrimination in relation to the enjoyment of all rights is compounded by other forms of discrimination, specifically discrimination based on health conditions, sex, disabilities or ethnic origin.

78. Measures identified at the national level and submitted for the compilation of the present report were multiple and diverse, and included some good practices. Some national Governments, particularly in recent years, have paid attention to normative gaps and to the need to afford special protection to older persons. However, these policies are inconsistent across the globe and do not generally indicate the presence of comprehensive legal, policy and institutional frameworks for the protection of the human rights of older persons. Particularly lacking are mechanisms ensuring participation and accountability. To varying degrees, the contributions underlined deficits in the implementation of policies, when available, while other submissions noted that while measures may be effective, they are insufficient when confronted with large and growing demands. In situations where more structural measures are required, some Governments have chosen a welfare approach, which may not ensure sustainability or long-term impact on the enjoyment of human rights without discrimination.

79. At the international level, there is still no dedicated international protection regime for the human rights of older persons. Existing human rights mechanisms have lacked a systematic and comprehensive approach to the specific circumstances of older men and women.

Recommendations

80. **The mandate of the Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons, established in December 2010 by the General Assembly in its resolution 65/182, is a crucial step towards exploring existing gaps at the international level in the protection of the human rights of older persons. The Assembly may wish to consider the continuation of the work of the Open-ended Working Group so that it may continue to address such gaps, and to further consider the feasibility of further instruments and measures, as a matter of priority.**

81. **The General Assembly may wish to recommend that Member States enhance their capacity regarding more effective data collection, statistics and qualitative information in order to better assess the situation and rights of older persons and to set adequate monitoring mechanisms for programmes and policies geared towards ensuring the human rights of older persons. Data should be collected with particular attention to older persons in urban, suburban and rural areas, as well as older persons in situations of vulnerability, such as older women or older persons living in poverty.**

82. **In addition, the General Assembly may wish to recommend that States parties to existing international instruments incorporate the situation of older persons more explicitly into their reporting. Dedicated attention by treaty body monitoring mechanisms and special procedure mandate holders to the situation of older persons in their dialogue with States, in their consideration of reports or in their country missions should also be placed higher on the agenda.**

83. **The General Assembly may wish to recommend that Member States design and implement more effective multisectoral policies and programmes on the rights of older persons, in line with the principles of equality and non-discrimination, with due consideration for existing instruments and national plans of action on ageing. Governments can benefit from the technical cooperation and support of other stakeholders in their endeavours, including national human rights institutions, non-governmental organizations, national statistical institutions, academic entities and the specialized agencies and entities of the United Nations.**

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Criminal accountability of United Nations officials and experts on mission

Criminal accountability of United Nations officials and experts on mission

Report of the Secretary-General

Summary

The present report has been prepared pursuant to paragraphs 16 and 17 of General Assembly resolution 65/20. Sections II and III contain information received from Governments on the extent to which their national laws establish jurisdiction, in particular over crimes of a serious nature committed by their nationals while serving as United Nations officials or experts on mission, as well as information on cooperation among States and with the United Nations in the exchange of information and the facilitation of investigations and prosecution of such individuals. Sections IV and V contain information concerning activities within the Secretariat in relation to the resolution.

* A/66/150.

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I. Introduction

1. In its resolution 65/20, the General Assembly requested the Secretary-General to report on the implementation of the resolution, in particular with respect to paragraphs 3, 5 and 9, as well as any practical problems in its implementation, on the basis of information received from Governments and the Secretariat.

2. The present report provides information on efforts undertaken in that regard. Sections II and III concern activities and information received relating to the criminal accountability of United Nations officials and experts on mission, as required by paragraphs 3, 4, 5 and 9. By a note verbale dated 1 March 2011, the Secretary-General drew the attention of all States to resolution 65/20 and requested them to submit relevant information.

3. Sections IV and V of the report relate to activities undertaken within the Secretariat in the implementation of paragraphs 9 to 14 of the resolution, focusing in particular on information regarding the bringing of credible allegations that reveal that a crime may have been committed by United Nations officials to the attention of States against whose nationals such allegations are made, as well as assistance and training.

4. The present report should be read together with the 2008, 2009 and 2010 reports of the Secretary-General on the same subject (A/63/260 and Add.1, A/64/183 and Add.1 and A/65/185).

II. Establishment of jurisdiction over crimes of a serious nature

Bulgaria

5. Further to the information available in paragraphs 12 and 13 of document A/65/185, Bulgaria stated that its Penal Code applied to all Bulgarian citizens, including for crimes committed abroad (art. 4 (1)), regardless of whether the perpetrated acts represented a crime according to the legislation of the State within whose territory the offence had been committed. Crimes committed abroad by Bulgarian citizens in their capacity as national officials ("civil servants' crimes") or foreign officials, including United Nations officials and experts on mission, also fall within the scope of the criminal jurisdiction of the Bulgarian State (according to arts. 301 (5) and 304 (3) of the Penal Code, foreign officials are held responsible for passive and active bribery).

Canada

6. Further to information found in paragraphs 11 and 12 of document A/63/260, Canada noted that its National Defence Act provided jurisdiction based on nationality to prosecute the actions of Canadians serving abroad. Moreover, under its Criminal Code, its public servants employed abroad were subject to prosecution in Canada if the conduct was an offence both in Canada and in the place where it was committed. Its courts also had territorial jurisdiction over any offence established in Canadian law if there was a real and substantial connection to Canada. Canada also had jurisdiction over a number of offences based on other exceptions to customary international law or pursuant to international legal instruments to which Canada was a party. These would permit the prosecution in

Canada of a range of criminal offences that might be committed in the context of service with the United Nations whether the offender was a Canadian national or not. Canada would continue to consider the desirability of amending its legislation to establish offences appropriate to United Nations service and jurisdiction to prosecute conduct outside of Canada that would be an offence in Canada if it was committed by a national or permanent resident of Canada while serving with the United Nations.

Guyana

7. In Guyana, criminal law is generally limited to conduct or acts occurring within its territorial jurisdiction, unless the contrary is expressly provided for (for previous comments of Guyana, see A/64/183, para. 14). Such is the case with section 35 of the Sexual Offences Act (Act No. 7 of 2010), which is applicable irrespective of how the conduct or act is described as an offence in the law of the country or territory outside of Guyana. The section provides that any conduct or act done by a resident or citizen of Guyana in a country or territory outside Guyana shall be deemed to be a sexual offence under the law of Guyana if the conduct or act: (a) constituted an offence under the law in force in that country or territory; and (b) would constitute a sexual offence under this Act had it been committed in Guyana.

Iraq

8. Further to the information provided in document A/63/260/Add.1 and document A/65/185, paragraph 26, Iraq stated that all diplomatic personnel and the staff of missions, including United Nations officials, enjoyed immunity in Iraq. Such immunity could serve to prevent the competent authorities from prosecuting offenders and to deny justice to injured parties. There were several possibilities: international organizations might choose to establish their own systems of justice in order to prosecute their officials who commit criminal acts; the State of which the accused official is a national might prosecute him or her at the request of the international organization; or the organization might waive the immunity of that official, thus enabling the host State to prosecute him or her. In order for States to be able to act on any of such possibilities, they should be explicitly stated in an international instrument concluded under the auspices of the United Nations or in the instrument establishing the relevant international organization.

9. The special status of United Nations officials had led some Member States to call upon the Organization to establish clear standards and conditions for the waiving of the immunity of its officials, thereby removing such immunity as an obstacle to the exercise by the host State of its jurisdiction and the application of its laws. Iraq supported a zero-tolerance policy in respect of criminal acts committed by United Nations officials or experts on mission, including sexual exploitation and abuse, and financial misconduct. In addition to the harm caused, such acts damage the reputation of the United Nations and hinder the effectiveness of the Organization. States, both individually and in the General Assembly, should therefore take the measures required to ensure that the special status enjoyed by United Nations officials does not allow them to escape prosecution.

10. This could be accomplished either by establishing mechanisms that would allow States to exercise jurisdiction over their nationals who commit serious crimes

while serving in United Nations operations outside their territories or by allowing the judicial authorities of the State in the territory of which the criminal act was committed to exercise jurisdiction. The Iraqi authorities favoured the latter approach.

Kuwait

11. Kuwait reiterated the information concerning its Penal Code found in paragraph 15 of document A/64/183.

Panama

12. Further to paragraph 30 of document A/65/185, Panama noted the need to clarify several important concepts and terms like "criminal accountability", "United Nations officials" and "experts on mission" and stated that its law criminalized sex trafficking, sex tourism and pornography with minors; misconduct by public servants; crimes against the juridical personality of the State; and crimes against humanity.

Paraguay

13. Paraguay reiterated the information available in paragraph 31 of A/65/185 and stated further that under its Penal Code, Paraguayan criminal law applied to acts committed in a foreign country, including punishable acts that the Republic, in accordance with an international treaty in force, was obliged to prosecute, even if they had been committed in a foreign country. Paraguayan criminal law applied only when the person who had committed such an act entered the national territory.

14. Paraguay stated further that in view of international law relating to immunities and privileges, the courts of the receiving State would not have jurisdiction in respect of acts committed by diplomats in the exercise of their functions; however, they would have jurisdiction in respect of ordinary punishable acts performed by diplomats outside their functions. When an act was committed, the receiving State was required to request the sending State to waive the immunities and privileges enjoyed by such persons in order to investigate the matter.

Portugal

15. Portugal reiterated its position as reflected in paragraphs 19 to 22 of document A/64/183, together with paragraph 34 of document A/65/185. It noted, in particular, consistent with its obligations under the Convention on the Privileges and Immunities of the United Nations and article 322 of its Criminal Code, that should a United Nations official or an expert on mission commit a crime falling under the jurisdictional competence of the Portuguese criminal law, the competent judge could request the Secretary-General of the United Nations, through the Ministry of Foreign Affairs, to waive the immunity of such an official or expert on mission.

Qatar

16. Qatar stated that it strongly supported General Assembly resolution 65/20, stressing that the implementation of its provisions was an essential step towards achieving justice and guarding against impunity. It reiterated the information found in paragraph 35 of document A/65/185, confirming in particular the participation of

Qatar in the United Nations Interim Force in Lebanon and that no violations nor crimes by its nationals had been reported.

Slovenia

17. In Slovenia, under article 11 of the Criminal Code, the criminal legislation is applicable to: (a) criminal offences that must be prosecuted in accordance with an applicable binding international treaty, irrespective of the location in which the offence is committed; (b) criminal offences committed against the sovereignty of Slovenia and its democratic constitutional order and/or the crime of terrorism (committed against Slovenia and/or any foreign State or international organization). The general principles in its article, together with articles 12 (Application of the Criminal Code to Slovenian citizens who commit a criminal offence abroad), 13 (Application of the Criminal Code to foreign citizens who commit a criminal offence abroad) and 14 (Special conditions for prosecution), apply to Slovenian nationals who commit a criminal offence in their capacity as officials of the United Nations or as experts on mission.

Sweden

18. Sweden reiterated the information contained in paragraph 24 of document A/64/183.

Switzerland

19. Switzerland reiterated the information contained in paragraph 33 of document A/63/260, stressing that in order for Switzerland to prosecute its nationals serving as United Nations officials or experts on mission, the United Nations would first have to lift the immunity they enjoy under international treaties.

20. It was also stated that as part of the measures taken to implement the Rome Statute of the International Criminal Court in Switzerland, legislative amendments to the Swiss Criminal Code and the Military Criminal Code were adopted by Parliament and entered into force on 1 January 2011. Principally, the amendments incorporate crimes against humanity into Swiss law (Criminal Code, art. 264 (a)); provide a detailed definition of war crimes and remove the condition requiring the existence of a close link to Switzerland, so that anyone suspected of war crimes who is in Swiss territory and cannot be extradited to another jurisdiction may be prosecuted in Switzerland (Criminal Code, art. 264 (m)); and adapt the definition of genocide (Criminal Code, art. 264), adding the notions of social and political groups to the notions of national, racial, religious and ethnic groups. In addition, members of the Swiss executive and judicial branches no longer enjoy functional immunity for genocide, crimes against humanity and war crimes (Criminal Code, art. 264 (n), in connection with art. 7, para. 2 (b) of the Criminal Procedure Code).

21. The amendments also redefine the distribution of responsibilities between civilian and military authorities. In peacetime, the Office of the Public Prosecutor of the Confederation conducts prosecutions for genocide, crimes against humanity and war crimes, except in cases where the perpetrator or victim of the crime is a member of the Swiss military. In wartime, all cases of such crimes come under military jurisdiction.

Turkmenistan

22. In Turkmenistan, in accordance with articles 522 (7), 523 (1) and 523 (3) of the 2009 Criminal Procedure Code, heads, members and staff of foreign missions to international organizations who are in its territory enjoy the right to personal immunity on the basis of international treaties and universally acknowledged international custom. Such persons may not be detained or remanded in custody, except when necessary for the execution of a sentence imposed upon them which has entered into legal force. Cases of detention or custody are reported without delay by a preliminary investigation body, prosecutor or court to the Ministry of Foreign Affairs of Turkmenistan by telephone, telegraph or other rapid communication method.

23. In other cases, the legislation does not provide guarantees against or immunity from criminal prosecution for officials and experts on United Nations missions unless an international treaty to which Turkmenistan is a party stipulates otherwise. In that connection, if the persons in question commit a crime covered by the Criminal Code, the provisions of the Criminal Procedure Code may be applied to them, whether they are Turkmen nationals, foreign nationals or stateless persons.

24. In accordance with article 8 of the 2008 Constitution of Turkmenistan, foreign nationals and stateless persons enjoy the same rights and freedoms and have the same obligations, including in the context of criminal prosecution, as Turkmen nationals, in accordance with the legislation of Turkmenistan and the international treaties to which it is a party.

25. Foreign nationals and stateless persons who are not permanently residing in Turkmenistan are liable to prosecution under the criminal law of Turkmenistan for a crime committed outside Turkmenistan if the crime was directed against Turkmenistan or its nationals. They are also liable in the cases provided for under the international treaties to which Turkmenistan is a party if they have neither been sentenced in a foreign State nor prosecuted in the territory of Turkmenistan.

26. Foreign nationals and stateless persons who have committed a crime outside Turkmenistan and who are in its territory may be extradited to a foreign State for criminal prosecution or to serve a sentence, in accordance with the international treaties and agreements to which Turkmenistan is a party.

27. The law enforcement agencies of Turkmenistan have no evidence of crimes having been committed by United Nations officials and experts on mission during the period from 2006 to 2011.

III. Cooperation between States and with the United Nations in the exchange of information and the facilitation of investigations and prosecutions

Bulgaria

28. In Bulgaria, international cooperation in the field of criminal prosecution was carried out in accordance with the national legislation and the international treaties to which Bulgaria is a party, the latter having precedence over the norms of the national law, which contradict them. Bulgaria is a party to numerous conventions of the United Nations, the Council of Europe, the Organization for Economic

Cooperation and Development and the European Union in the field of legal assistance in criminal matters.

29. Moreover, legal assistance is carried out on the basis of bilateral treaties for mutual legal assistance and extradition with more than 30 United Nations Member States.

30. Chapter 36 of the Penal Procedure Code on international cooperation in criminal matters contains detailed regulation of the transfer of convicted persons, the recognition and enforcement of sentences issued by a foreign court, international legal assistance in criminal matters, including during the investigation phase, the collection of evidence, presentation of information and other forms of legal assistance, and the transfer of criminal proceedings. International legal assistance in criminal cases is provided in accordance with an international treaty or the principle of reciprocity. Assistance can also be provided to an international court whose jurisdiction is recognized by Bulgaria.

31. The conditions and the rules on extradition are defined in the law on extradition and the European arrest warrant. The special branches within the Ministry of Justice and the Supreme Prosecutor's Office of Cassation are entrusted with guaranteeing timely legal assistance and extradition under the conditions of international treaties or on the basis of reciprocity.

32. Chapter 17 of the Penal Procedure Code concerning investigation allows for information received from the United Nations to serve as a basis for the commencement of pretrial proceedings against Bulgarian citizens serving as officials or experts on mission for crimes they commit abroad.

33. Witness protection is regulated in article 123 of the Penal Procedure Code, as well as the law on the protection of persons in criminal proceedings, which establishes the conditions for providing special protection to persons endangered as a result of pending criminal proceedings and persons directly connected to them, where the measures provided in the Penal Procedure Code are insufficient to guarantee their protection. A special programme has been set up in accordance with the law, providing for the following measures: personal physical protection; protection of property; temporary relocation; change of domicile, employment or place of study; and change of identity. A protection council of the Minister of Justice oversees the implementation of the programme, while the measures for protection are applied by the Bureau of Protection, which is a specialized department within the Chief Directorate "Protection" of the Ministry of Justice. The Bureau may request the relocation of a person to another State or grant assistance for the temporary residence in Bulgaria of a foreign citizen under protection and personal guard, upon the request of another State and in accordance with an international treaty or on the basis of reciprocity.

Canada

34. Further to information found in paragraph 41 of document A/63/260, Canada noted that in order to generate and share evidence it could investigate within its territory. However, it could not conduct any enforcement action (arrest, detention, search or seizure, etc.) or any investigative operations in another State without the State's consent.

35. It also noted that in the case of a prosecution in Canada, there were often practical problems associated with the importation of foreign-source evidence into its legal proceedings. For example, evidence sent by the United Nations would probably have to be supported by viva voce testimony, raising practical questions of travel costs and immunities and privileges (e.g. from perjury offences) when in Canada. While some forms of evidence might be obtained under mutual legal assistance processes and laws, and in some cases video-link evidence might be an option, in general, the costs and logistical obstacles to actually mount a successful prosecution posed as serious a challenge as legal obstacles. In the protection of victims and witnesses, for example, it would be difficult for Canada to protect a witness who appeared locally via video link or through documentary means, and for one who came to Canada to testify, the chances that such a witness might claim refugee status might in some cases reduce the value of the testimony itself.

Guyana

36. Guyana noted that cooperation and exchange of information fell under the ambit of the Mutual Assistance in Criminal Matters Act (Act No. 38 of 2009), while the investigation and prosecution of crimes of a serious nature were covered by numerous pieces of legislation, including the Criminal Law (Offences) Act, chapter 8:01 (for previous comments of Guyana, see A/64/183, paras. 46-48). Any requests for assistance to conduct effective investigations are regulated by the former act; if accepted, they must be expedited in accordance with its provisions.

37. Due process requirements for any person charged or tried for a criminal offence in the courts of Guyana are protected by article 144 of the revised 1980 Constitution of Guyana, which deals with provisions to secure the protection of the law.

38. The prosecution of United Nations officials and experts on mission would be subject to the Convention on the Privileges and Immunities of the United Nations of 1946, the substantive articles of which are incorporated into the laws of Guyana by virtue of the Privileges and Immunities (Diplomatic, consular and international organizations) Act, chapter 18:01.

39. The provision of legal assistance in criminal matters in Guyana is also regulated by the 2009 Mutual Assistance in Criminal Matters Act, which establishes the Minister of Home Affairs as the central authority for receiving and transmitting requests for assistance in such areas as obtaining evidence, locating or identifying persons or things, obtaining things by search and seizure, arranging the attendance of persons, transferring prisoners, serving documents, tracing property, registering or enforcing a forfeiture, pecuniary penalty or restraining order, and obtaining a restraining order.

40. The Act is applicable to requests received from the central authority of a Commonwealth country (designated as such under article 47 (3) of the 1980 Constitution and the revised 2003 Constitution); of a country that is a party to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; or of any country that has a bilateral or multilateral treaty with Guyana in respect of mutual assistance in criminal matters (e.g. the Inter-American Convention on Mutual Assistance in Criminal Matters).

41. There is no law as such that regulates the receipt of information and material from the United Nations but rather regulates evidence received from the central authorities of countries covered under the 2009 Mutual Assistance in Criminal Matters Act.

42. In addition, the Evidence (Proceedings in foreign tribunals) Act (Act No. 32 of 1991) allows the High Court to assist in obtaining evidence requested for the purposes of proceedings in foreign tribunals.

43. Matters relating to extradition are governed by the Fugitive Offenders Act (Act No. 15 of 1988) and the amendment of 2009, which allow extradition requests from Commonwealth countries and treaty territories, as well as from non-Commonwealth countries which are also non-treaty territories (this is allowed in special cases). An extraditable offence is described as such according to section 5 (1): where the act or omission constituting the offence, however described, constitutes an offence, and is punishable with death or imprisonment for life or for a term of not less than two years under both the laws of Guyana and those of the country making the extradition request.

44. In addition, a person is liable to be extradited from Guyana, in accordance with section 7, if that person is found in Guyana and is accused of an extraditable offence or alleged to be unlawfully at large, after his or her conviction of an extraditable offence in the requesting country.

45. Generally, witness protection is available for eligible persons who may be witnesses or potential witnesses to a crime of a serious nature if it is determined that such persons may become victims of an offence involving a crime of violence. Such witness protection is specifically provided in section 14 of the Combating of Trafficking in Persons Act (Act No. 2 of 2005). The programme may include relocation, new documents establishing identity, new residence, employment work permits and protection of confidentiality of identity and location.

Kuwait

46. Kuwait reiterated the information on cooperation in paragraph 51 of document A/64/183.

Panama

47. Panama is making tremendous efforts to protect the interests of its citizens while according due respect to the rights of non-citizens. It complies with the standards of due process set by its Political Constitution and in international conventions to which it is a party. Its Judicial Code establishes the procedural rules governing extradition.

48. Victims of crime are guaranteed their right to legal recourse under Act No. 31 of 28 May 1998, which also establishes protection for victims. Panama is a party to the Convention against Transnational Organized Crime and, through Act No. 48 of 30 August 2004, and the addition of article 2121-A on the protection of witness identity to the Judicial Code, has incorporated it into domestic law.

Portugal

49. Portugal reiterated its position as reflected in document A/64/183, paragraph 54 (see also A/65/185, para. 75).

Paraguay

50. Paraguay stated that, bearing in mind international law relating to immunities and privileges, the receiving State or the State in whose territory the punishable act was committed, in matters of mutual assistance, should as a first step request the sending State to waive the privileges and immunities of its diplomats in order to initiate a criminal investigation. As a second step, and with a view to cooperation between States for the purpose of investigations, due account should be taken of conventions and/or agreements concluded between the two States concerned or of multilateral agreements providing for the relevant mutual assistance in obtaining the statements or information that States may require.

Qatar

51. Qatar reiterated the information contained in paragraph 76 of document A/65/185.

Slovenia

52. Slovenia reiterated the information contained in paragraphs 80 and 81 of document A/65/185.

Sweden

53. Sweden reiterated the information contained in paragraph 55 of document A/64/183, emphasizing that there were no obstacles to close cooperation of the nature suggested in resolution 65/20 with the relevant authorities in the country where the crimes in question are committed.

Turkmenistan

54. In Turkmenistan, articles 542 to 557 of the Criminal Procedure Code cover procedures for international cooperation, including extradition and legal assistance, which are provided on the basis of international agreements or reciprocal arrangements.

55. At the request of a State making an application, the procedural rules of a foreign State may be applied; its representative may be present, if this is provided for under an international treaty. Witnesses, victims, civil plaintiffs, civil defendants and their representatives and experts who are foreign nationals may, with their consent, also be called to appear in investigations or judicial proceedings in Turkmenistan.

56. Under articles 107 to 109 of the Criminal Procedure Code, the law enforcement agencies are responsible for ensuring the safety of participants in criminal proceedings.

57. If an initial inquiry body, investigator, prosecutor or judge has sufficient information in connection with a criminal case to fear that the victims, suspects, accused persons, defendants, witnesses, experts, specialists or other participants in

the proceedings and their close relatives risk being killed or being subjected to force, violence or cruelty, having property destroyed or damaged, or other acts prohibited by criminal law, the former must take all measures to protect the lives, honour, dignity and property of the latter, ensure their safety, identify the perpetrators and bring such persons to justice.

58. To ensure the safety of participants in court proceedings and their close relatives, the judge or presiding officer may hold a closed session or may issue a ruling or determination to interview a witness in response to a motion by the witness or the prosecution or of their own initiative, without releasing information identifying the witness and through the use of a pseudonym; in a manner excluding the possibility of the witness being identified; and without visual observation by others during the court proceedings.

IV. Bringing credible allegations that reveal that a crime may have been committed by United Nations officials to the attention of States against whose nationals such allegations are made and matters related thereto

59. In paragraphs 9 to 14, 16 and 17 of its resolution 65/20, the General Assembly urged Member States to provide information to the Secretary-General, requested the Secretary-General to provide certain information to the Assembly and requested the United Nations to take certain measures concerning the issue of criminal accountability of officials and experts on mission.

Referrals in relation to officials

60. The request in paragraph 9 of the resolution is similar to those made by the Assembly in paragraph 9 of its resolutions 64/110 (see A/65/185, covering the period from 1 July 2009 to 30 June 2010), 63/119 (see A/64/183, covering the 2008/09 period) and 62/63 (see A/63/260, covering the 2007/08 period).

61. The information provided in the present report relates to the period from 1 July 2010 to 30 June 2011. During the said period, the Office of Legal Affairs referred to States of nationality the cases of six United Nations officials and two experts on mission for investigation and possible prosecution. Of the cases involving United Nations officials, one concerned allegations of sexual abuse of a minor; the second, allegations of a fraudulent wire transfer; the third, allegations of assault and inappropriate use of a firearm; the fourth, allegations of fraud and blackmail; and the fifth and sixth, allegations of fraudulent medical insurance claims. With regard to the cases of the experts on mission, the first case involved allegations of sexual exploitation and abuse of a minor and the second case involved allegations of fuel theft.

Requests for indication of status and assistance that may be provided by the Secretariat

62. The Office of Legal Affairs requested the States to which cases were referred during the reporting period to keep the United Nations informed of any action taken by national authorities in relation to such cases. As at the date of preparation of the present report, two States to which referrals were made had contacted the Office of

Legal Affairs in order to seek certain clarifications on the referred cases. The Office had responded to the States in both instances and remains ready to assist on all referrals made.

63. Details of earlier requests by the Secretariat for information from States of nationality on how they were handling previously referred cases are contained in paragraph 63 of document A/64/183 and paragraphs 85 and 86 of document A/65/185.

Possible use by States exercising jurisdiction of information from United Nations investigations

64. In paragraph 11 of its resolution 65/20, the General Assembly requests the United Nations, when its investigations into allegations suggest that crimes of a serious nature may have been committed by United Nations officials or experts on mission, to consider any appropriate measures that may facilitate the possible use of information and material for purposes of criminal proceedings initiated by States, bearing in mind due process considerations. In the same vein, in paragraph 13 of that resolution, the Assembly urges the United Nations to continue cooperating with States exercising jurisdiction in order to provide them, within the framework of the relevant rules of international law and agreements governing activities of the United Nations, with information and material for purposes of criminal proceedings initiated by States.

65. In this regard, it is important to recall that the legal framework within which the referrals are made by the United Nations and the role of the Secretary-General have been outlined in section IV of document A/63/260.

66. The United Nations cooperates with law enforcement and judicial authorities of relevant Member States in accordance with its rights and obligations under the Convention on the Privileges and Immunities of the United Nations, adopted by the General Assembly on 13 February 1946, as well as other relevant international agreements and applicable legal principles. Accordingly, the Organization will disclose documents and/or information and waive immunity on a case-by-case basis where, in the opinion of the Secretary-General, immunity would impede the course of justice and can be waived without prejudice to the interests of the United Nations. Consequently, information obtained by the United Nations may be provided to the relevant authorities, and documents may be shared, subject to consideration of confidentiality and privileges and immunities. Documents may be redacted where necessary. It should be noted that, since the United Nations does not have any criminal investigative or prosecutorial jurisdiction, the use of any United Nations-provided documents or information, including their admissibility in any legal proceedings, is a matter for determination by the relevant judicial authorities to whom such documents or information have been provided.

Protection of United Nations officials and experts on mission from retaliation

67. In paragraph 12 of its resolution 65/20, the General Assembly encouraged the United Nations, should allegations against United Nations officials or experts on mission be determined by a United Nations administrative investigation to be unfounded, to take appropriate measures, in the interests of the Organization, to restore the credibility and reputation of such officials and experts on mission.

68. Moreover, the General Assembly, in paragraph 14 of the same resolution, emphasized that the United Nations, in accordance with the applicable rules of the Organization, should take no action that would retaliate against or intimidate United Nations officials and experts on mission who report allegations concerning crimes of a serious nature committed by United Nations officials and experts on mission.

69. In this regard, United Nations officials who report misconduct by other United Nations officials or experts on mission are protected against retaliation under the staff regulations, rules and relevant administrative issuances. In particular, the Secretary-General issued bulletin ST/SGB/2005/21, entitled "Protection against retaliation for reporting misconduct and for cooperating with duly authorized audits or investigations", with the objective of enhancing protection for individuals who report misconduct or cooperate with duly authorized audits or investigations. In addition, it should be noted that staff members may appeal against any retaliatory measure through the internal justice system.

V. Taking other practical measures to strengthen existing training on United Nations standards of conduct, including through predeployment and in-mission induction training

70. The Department of Peacekeeping Operations and the Department of Field Support continued to pursue efforts within the three-pronged comprehensive strategy to address sexual exploitation and abuse: prevention, enforcement and remedial action. Training and awareness-raising on United Nations standards of conduct remain at the centre of the preventive measures adopted by the various peacekeeping operations and special political missions.

71. Presently, there are 13 conduct and discipline teams covering 19 peacekeeping and special political missions. The Conduct and Discipline Unit at Headquarters and conduct and discipline teams in the field deliver or facilitate training for all categories of personnel.

Training at Headquarters and in peacekeeping missions

72. An induction training programme on conduct and discipline was developed and a regional workshop was held in November 2010 in Entebbe, Uganda, followed by a repeat session for the United Nations Stabilization Mission in Haiti in the Dominican Republic in June 2011. The four-day programme served to inform the members of conduct and discipline teams and conduct and discipline focal points about their roles in implementing the three-pronged strategy, as a means to address conduct and discipline issues among United Nations personnel in peacekeeping and special political missions.

73. A comprehensive survey of the activities of conduct and discipline teams on the preventive measures put in place in the various missions was conducted at the end of 2010. The results of that survey were included in the report of the Secretary-General on special measures for protection from sexual exploitation and sexual abuse (A/65/742).

74. In 16 missions that responded to the survey, training on the prevention of sexual exploitation and abuse was conducted either as part of the induction of new personnel or in a separate, targeted training session. In 5 of those missions, training

on the prevention of sexual exploitation and abuse was provided both as part of induction and in targeted training sessions. In 15 missions, the Conduct and Discipline Team or focal points conducted the training, while in 1 mission, the training was carried out by the military focal points.

75. Conduct and discipline teams reported carrying out communications activities related to the prevention of sexual exploitation and abuse that targeted mission personnel and the larger community. Nine missions conducted external communications activities, examples of which included print and radio material, targeted campaigns, exhibitions, symposiums and information posted on mission websites. Eight missions reported activities which included holding meetings with local government officials, liaising with educational centres and schools and carrying out information sessions with the local population. In all but one mission, intramission communications activities were carried out, for example through e-mail broadcasts, administrative instructions, information circulars and handouts to mission personnel.